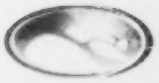


Five Hills Health Region

Healthy Choices - Healthy People

ANNUAL REPORT

to the Minister of Health
and
the Minister of Healthy Living Services

For the 2005-06 fiscal year

TABLE OF CONTENTS

WHO WE ARE 2

OUR REGION 7

2005-06 RESULTS AT A GLANCE 18

2005-06 PERFORMANCE RESULTS 20

FUTURE OUTLOOK/EMERGING ISSUES 25

MANAGEMENT REPORT 27

2005-06 FINANCIAL REPORT 28

GOVERNANCE AND TRANSPARENCY 52

PERFORMANCE MANAGEMENT SUMMARY (INDICATOR TABLES) 61

The Five Hills Health Region annual report is located on the internet at:
www.fhhr.ca

2007-00065

June 15, 2006

The Honourable Len Taylor
Minister of Health

and

The Honourable Graham Addley
Minister of Healthy Living Services

Dear Minister Taylor and Minister Addley,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

2005/06 has been a significant year, with a focus by the region on quality, safety, partnerships, community development and capital renewal. We have also achieved full accreditation status through an accreditation survey conducted in November, 2005. Many of our achievements have been highlighted in this report.

Our success is directly linked to the hard work and dedication of our staff, physicians, volunteers and communities throughout the region.

Respectfully submitted,

Dale Toni
Chairperson

Who We Are

The Department of Health (Saskatchewan Health) sets out specific directions in the Accountability Document for the prudent and ethical use of public funds. Saskatchewan Health identifies the provincial health system's vision statement and goals in *The Action Plan for Saskatchewan Health Care*:

SASKATCHEWAN HEALTH

VISION

Building a province of healthy people and healthy communities.

GOALS

Improved access to quality health services
Effective health promotion and disease prevention;
Retain, recruit and train health providers; and
A sustainable, efficient, accountable, quality health system.

The Five Hills Regional Health Authority developed a statement of Mission, Vision, Values, Goals and Objectives. While these statements are unique to the Five Hills Health Region, they are consistent with the direction articulated in Saskatchewan Health's Performance Plan.

FIVE HILLS REGIONAL HEALTH AUTHORITY

MISSION

People helping people through quality services, education, teamwork, communication, community engagement and healthy public policy.

VISION

Healthy Choices – Healthy People

VALUES

Respect	Trust
Honesty	Integrity
Accountability	Compassion
Dedication	Inclusion
Teamwork	Diversity
Safety	Quality
Community focus	Patient/client/resident focused
Holistic approach	Evidence-based decision-making

Goal 1: Full Potential for Five Hills Regional Health Authority

The desired priority of Full Potential for Five Hills Regional Health Authority includes but is not limited to the following results:

- Moose Jaw Union Hospital reaches its full potential as a Level 1 Regional Centre
- Community hospitals in Assiniboia, Central Butte, and Gravelbourg reach their full potential.
- A co-ordinated primary health care system.
- Supportive Care services meet the needs of changing urban and rural demographics
- Facilities meet present and future needs.
- Public are confident that services are there when required.
    - People receive timely care in the most appropriate location.
    - Waiting times are reasonable.
    - Public know what services are available and how to access them.
    - Clients understand what may be expected from services offered.

Goal 2: Health Promotion and Disease Prevention

The desired priority of Health Promotion and Disease Prevention includes but is not limited to the following results:

- An effective health promotion and disease prevention initiative
    - Address the determinants of health within our mandate.
- People have sufficient knowledge to enable them to make healthy choices.
    - Well-informed and knowledgeable clients and stakeholders.
- Appropriate community development activities
- Healthy public policies

Goal 3: Human Resources

The desired priority of Human Resources includes but is not limited to the following results:

- Five Hills Health Region is an employer of choice
- Sustainable human resources

Goal 4: A Sustainable Health System

The desired priority of a Sustainable Health System includes but is not limited to the following results:

- Effective, efficient, and appropriate use of resources
- An accountability reporting mechanism
- Relationships with foundations, health care organizations and other stakeholders are well defined and effective

Risk Management

The Five Hills Regional Health Authority adopted an ***enterprise risk management approach*** in late 2004/05. The Quality Improvement Unit of the Five Hills Health Region has been designated as the risk management committee for the organization. Risk identification and prioritization will be undertaken in 2005/06. Top risks will be identified in the revised Strategic Plan for the FHRHA. Examples of some risks and associated responses have been summarized in the table that follows:

RISK DOMAINS:					
Operational	**Financial**	**Human Capital**	**Customer & Community Relations**	**Legal and Regulatory**	**Technology**
RISK MANAGEMENT (list not exhaustive, but indicative):					
Occurrence Reports Review of serious events Emergency Measures drills Infection Control Claims Management Chart reviews Program Reviews Management of workers' compensation claims Presentations (fiduciary responsibilities) Restraint policy and compliance Compliance with issue alerts Ensuring effective credentialing Monitoring and implementing compliance with standards on patient/ client/ resident safety	Policy Limits e.g. Purchasing, investments Financial audit Financial monitoring and reporting Contract reviews with third parties Review and reporting of dashboard indicators Maintaining capital reserves Having indemnity clauses in contracts	OH&S actions Employee Incident Reports Environmental safety Transfers, Lifts, Repositioning Training Strike contingency Harassment policy, process Conflict of Interest policy Human resource monitoring and reporting Credentialing Orientation programs for staff, volunteers, physicians, students Staff training Recruitment & retention	Complaints monitoring and investigation Single point of entry practice Advanced care directive policy and implementation Compliance with informed consent Review of research proposals Issues management Communication strategy for community interest items	Legislative compliance Ensuring certification and Licensing compliance Accreditation improvement plan Reporting OH&S requirements and reporting investigating results Reviewing and Reporting of Critical Incidents HIPA policies and compliance oversight Morbidity & mortality reviews	Compliance with product/ equipment alerts IT security monitoring IT data security policies and reviews Preventative Maintenance Planning for equipment replacement Capital planning Facility planning

Contracted Health Care Organizations

The Five Hills Regional Health Authority has contracted the following health care organizations and private providers to deliver health services:

Angus Campbell Centre

- Operates a 20 bed residential (social) detox centre for drugs and alcohol.

Thunder Creek Rehabilitation Association

- Provides residential services and programs for adults with severe and persistent mental illness.

Canadian Mental Health Association

- Provides community education and awareness of mental illness.

Moose Jaw and District EMS

- Provides ground ambulance services for Moose Jaw and area and 911 dispatch services for the entire region.

Wald Ambulance

- Provides ground ambulance services for Assiniboia and area.

Providence Place

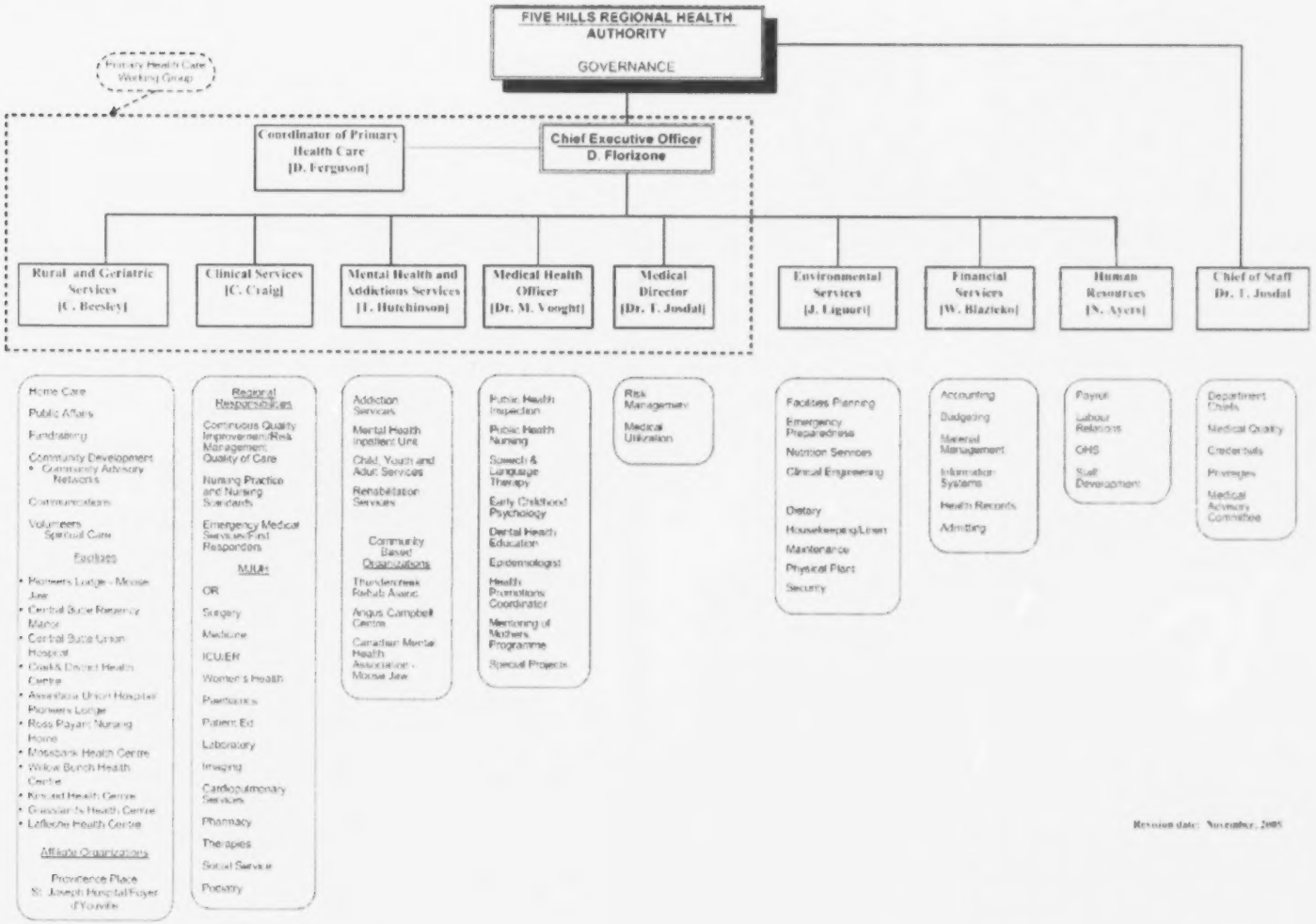
- Operates a160 bed long term care facility, 14 bed Geriatric Assessment and Rehabilitation Unit, and adult day program located in Moose Jaw.

St. Joseph's Hospital/ Foyer d'Youville

- Operates a 50 bed long term care and 9 bed acute care facility in Gravelbourg.

Extendicare

- Operates a 127 bed long term care facility in Moose Jaw.



Revision date: November, 2005

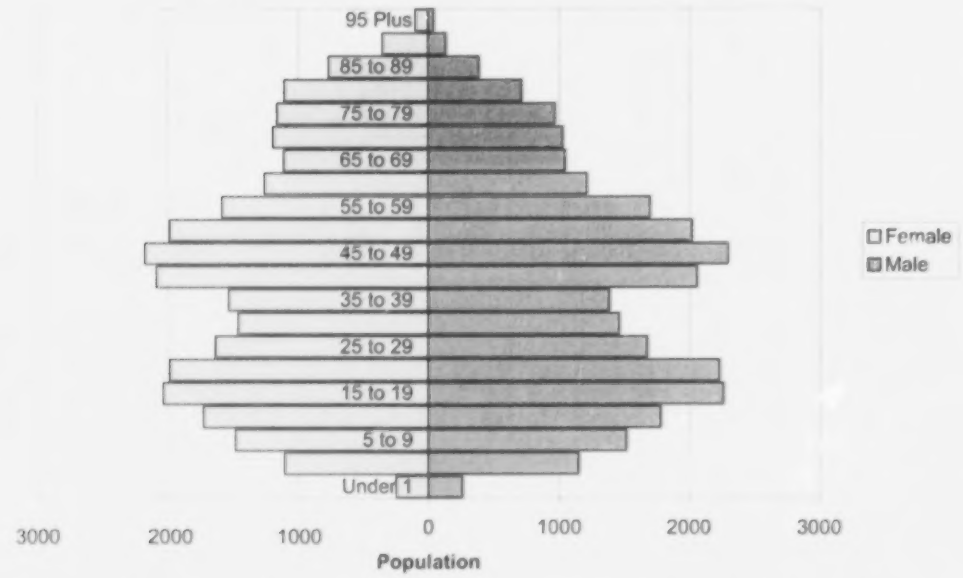
Our Region

The Five Hills Health Region has prepared a comprehensive health status report for the population served. The report summarises information from a number of internal and external sources and includes needs assessment data compiled by the former Moose Jaw - Thunder Creek Health District and South Country Health Districts. The approach to needs assessment was historically highly coordinated between the former districts, and involved an intersectoral approach to needs identification and strategic response. Age cohorts were used in focussing needs assessment work (prenatal to age 4, child & youth 5-19, adults 20-64, seniors 65+). The following is a summary of some of the data that has been compiled. Source documents provide a more comprehensive overview.

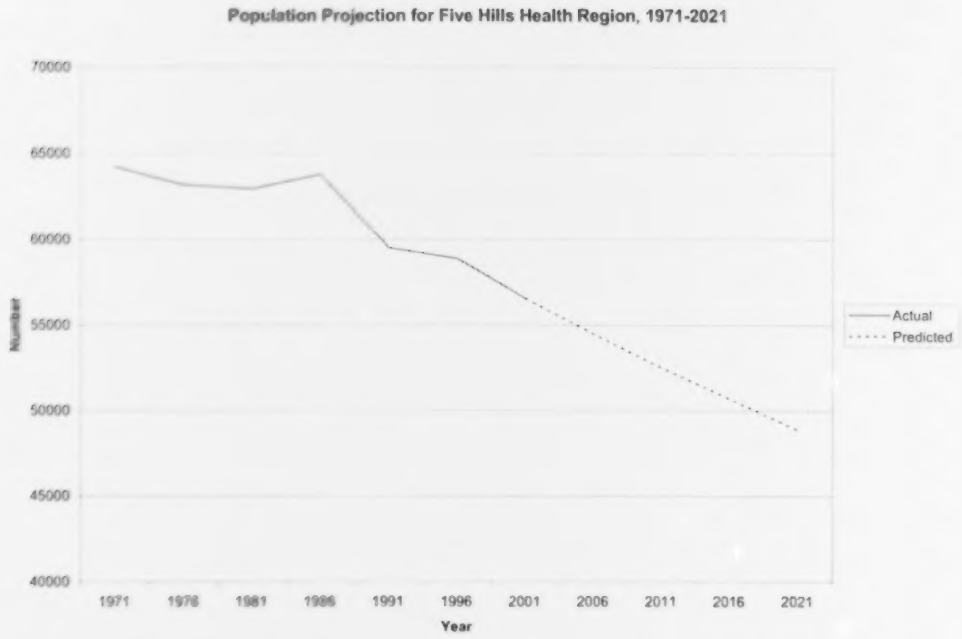
FHHR indicators were derived from the Canadian Institute of Health Information's Structural Framework of Health Indicators from four broad categories of Health Status, Non-Medical determinants of Health, Health System Performance and Community and Health System Characteristics. The source of the data for these indicators is provided by Saskatchewan Health, Regional Hospitals, Canadian Community Health Survey, Breastfeeding Survey, Child & Youth Needs Assessment, HSURC (now HQC), Health Canada and Stats Canada.

Five Hills Health Region Demographics

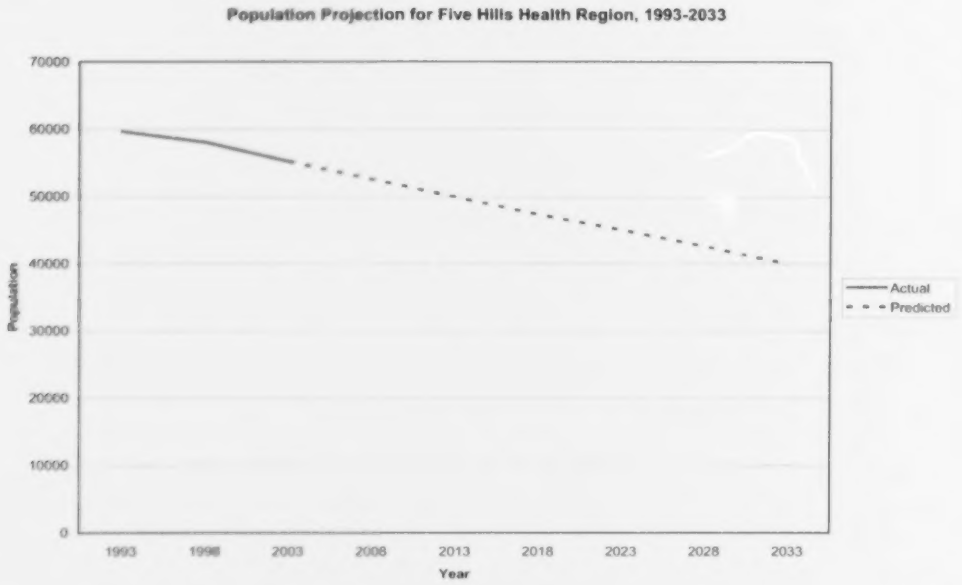
Population Age Distribution for Five Hills Health Region, 2005



The City of Moose Jaw accounts for the largest portion (63%) of the Region population. The population of the FHHR as of 2005 was 55,476. About 23% of the FHHR residents live in towns and villages, 63% live in Moose Jaw and 15% live in RM's.



Source: Sask Health & Stats Canada

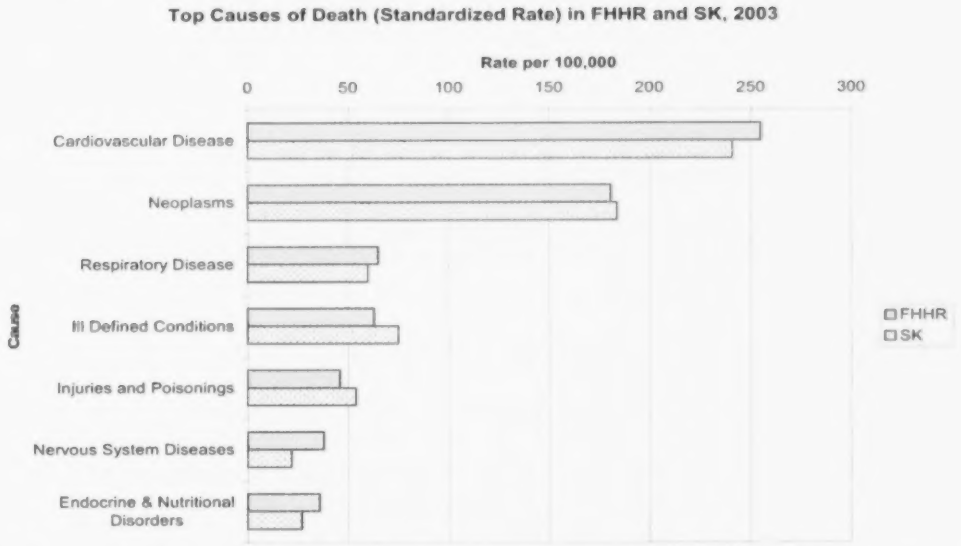


Source: HSURC population projection spreadsheet template

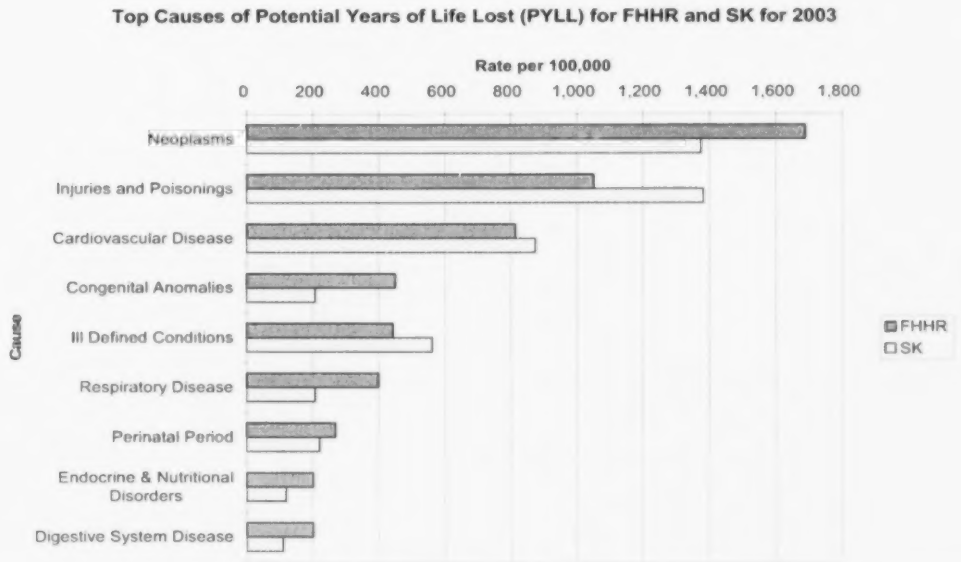
The projected population for the Five Hills Health Region is shown to be steadily decreasing over the next twenty years (1971-2021) and the next thirty years (1993-2033). **Reassessments need to be done every five years**.

Health Status

Mortality



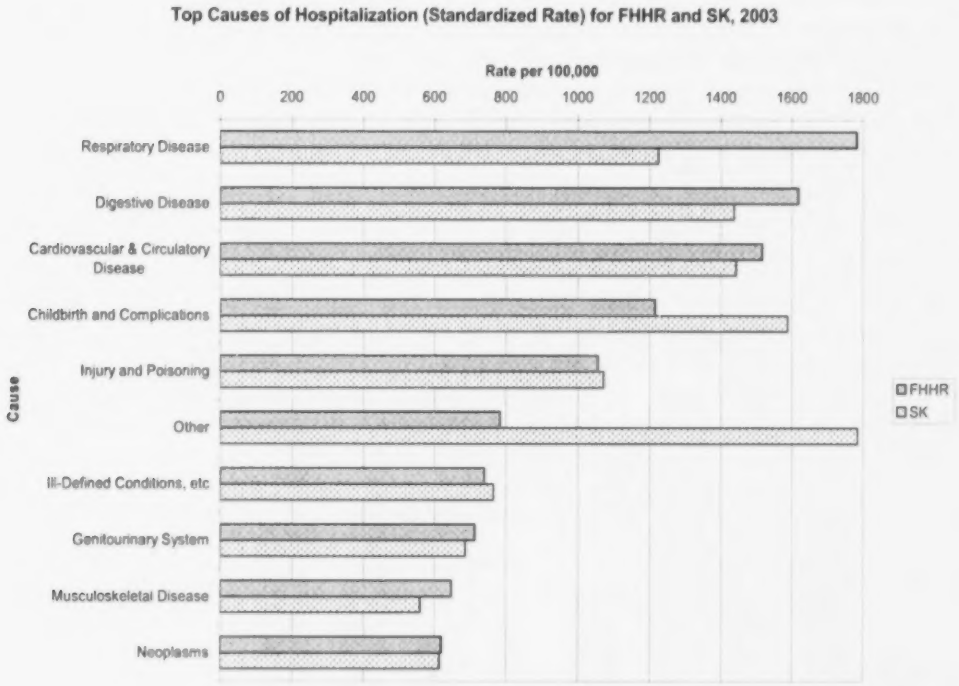
Cardiovascular disease, neoplasms and respiratory disease appear as the top three causes of death in FHHR.



PYLL measures premature deaths. Although death rates from various diseases are important, the measure of premature and preventable death is of more interest since programs and activities may reduce these premature deaths along with associated morbidity.

Morbidity

The single highest cause of hospitalization is respiratory disease followed by digestive disease, cardiovascular disease, childbirth & complications and injury. Co-morbidities and health behaviours such as diabetes (an endocrine disease), smoking, sedentary lifestyles, obesity, hypertension, and hypercholesterolemia, impact significantly on cardiovascular disease.



Diabetes: Hospitalizations due to diabetes are distributed through the lifespan, from youth to old age. Complications of diabetes such as cardiovascular disease are listed as separate hospitalization diagnoses. In Saskatchewan, the overall prevalence rate of diabetes was 3.7 % (1996). In 2001, the SK prevalence had risen to 4.1% and in 2004 the prevalence had risen again, to 6.1%. The likelihood of having diabetes is proportional to age.

Age Specific Diabetes Prevalence (%) for Saskatchewan, 2004

20-29	30-39	40-49	50-59	60-69	70+
0.5	1.8	3.4	7.5	12.9	15.4

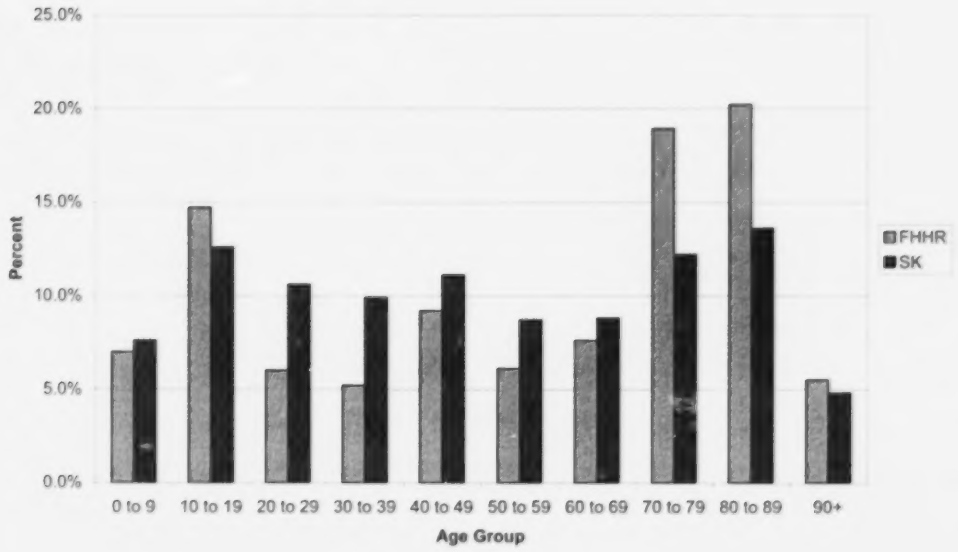
Regional age-sex adjusted prevalence rates per 1000: 2002/03 - 47.9 and 2003/04 – 50.9

Approximately 90% of diabetic people have Type II Diabetes which is associated with age, obesity, and physical inactivity (Diabetes 2000).

Asthma: Asthma hospitalizations are most common in children and young adults. Hospitalizations due to asthma in FHHR, 2003 were highest in the age groupings under 1 (14%), 1 to 4 (42%) and 5 to 9 (16%). In this same period, all age group asthma hospitalizations accounted for 1.2% of hospitalizations in the region. Saskatchewan Health estimates exposure to environmental tobacco smoke raises a child's risk of asthma by 43% and of bronchitis by 46% (2001).

Injury: In, 2003, the highest number of hospitalizations is for FHHR seniors aged 70 to 79 (18.9%) and 80 to 89 (20.2%). Five Hills Health Region residents may be hospitalized in other regions as well. According to the Hospitalizations for Child Injuries in FHHR, for children under 20 years of age, for the period 2003, the following types of accidents accounted for hospitalizations: falls (28.5%), motor vehicle or traffic (17.9%), surgical/medical complications (10.1%) and other (22.3%).

Injury Hospitalizations by Age Group out of All Injury Hospitalizations for FHHR and SK, 2003



Life Expectancy: In **2001**, life expectancy for both sexes at birth was almost 79 years (75.7 males; 81.6 females) and almost 19 (further) years (16.2 males; 20.6 females) at age 65 for FHHR. This was similar to the provincial figures.

Disability-free Life Expectancy: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period. Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation.

Disability-free life expectancy at birth: Canadians born in 1996 were expected to live free of any disability for 68.6 years of their life. For the same year, SK was at 68.3 years (66.6 males; 70.0 females), and FHHR was at 68.2 years (66.5 males; 69.8 females). Most major urban centres have high disability-free life expectancy at birth as compared to below-average disability-free life expectancy at birth in most of the Far North and rural Atlantic Canada.

Disability-free life expectancy at age 65: In 1996, Canadians aged 65 years were expected to have another 11.7 disability-free years left to live. For the same year, SK was at 12 years (11.2 males; 12.7 females) and FHHR was 12 years (11.2 males; 12.7 females). Most high-density metropolitan areas have high disability-free life expectancy at age 65 as compared to below-average disability-free life expectancy at age 65 in most of Northern Canada. Disability-free life expectancy was not significantly different from the national average in the other health regions of Far Northwestern Canada, peer group F, which is comprised of health regions in Northern Canada, mainly in the Prairies, British Columbia and the territories.

Health Adjusted Life Expectancy (HALE): is an indicator of overall population health. It combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), based on the average experience in a population. In this sense, HALE is not only a measure of quantity of life but also a measure of quality of life. SK & FHHR stats are pending.

Infant Mortality, Teens and Birth Weights:

From **1998-2004**, infant mortality in FHHR has been lower than the province most years. Range in FHHR is 2.7– 9.1 per 1000, averaging at 6.5. The SK IMR ranges from 5.6 – 8.9, with an average of 6.2.

Most babies are born to mothers between 20 and 34 years of age in FHHR. Teen pregnancies in FHHR peaked in 1998 at 12.8 % of all births. The rate is declining and 2003 birth data, the teen birth rate was 7.5% of all births [Saskatchewan rate is 9.9%]. For FHHR, in 2004 & 2005, teen birth rate continues to decline (7.45 and 5.9% respectively).

High birth weights in the FHHR for 1998 to 2004 was a rate of 14.3 % (Saskatchewan 15.6%).

Low Birth-Weights (LBW) expressed as a % of all births: Between the years **1998 and 2004**, FHHR range of % LBW for FHHR: 4.4 – 7.0% (av. = 5.0); for SK: 5.1 – 5.5 % (av. = 5.4). Birth weights are impacted upon by smoking in pregnancy, race, parity, maternal size, socio-economic status, gender of baby, and gestational and maternal age.

Breastfeeding: From then 0-5 Needs Assessment, exclusive breastfeeding to 4 months was significantly below the accepted national rate. This was due in part to the inappropriate use of supplementation of formula or glucose-water and not strictly adhering to the breastfeeding definition. Initiation of "some" breastfeeding was 87%. Only 37% still did "some" breastfeeding at 6 months. From the 2001/02 Breastfeeding Survey, initiation of "some" breastfeeding was 92% and 37% still did "some" breastfeeding at 6 months. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada recommend exclusive breastfeeding for at least the first 4 months of life and continuing with other foods to 2 years and beyond.

The second survey (2002/03) showed, initiation of "some" breastfeeding was 92%. Only 37.3% still did "some" breastfeeding at 6 months.

Self-Rated Health Status: In FHHR, 59% of people rated their health as very good to excellent as compared to 56.8% in the province. (CCHS, 2001) And for **2003**, FHHR, 56% of people rated their health as very good to excellent as compared to 60% in the province. (CCHS, 2003)

Non-Medical Determinants of Health

Income and Social Status: Statistics Canada has unveiled (27th May 30, 2003) a new poverty measure, namely the Market Basket Measure. This looks at poverty rates by geography, taking into account rents and cost of essential food items, amongst others. Saskatchewan is about in the middle of the field at 13.9% of inhabitants living in "market basket" poverty (range: NFLD @ 23.4%, to ONT @ 11%). *(Note: Regional data not available at this time).* Low income cut-offs are still used as well. The low income cut-off is $30,000 in before tax annual income.

In FHHR in 1999, 17% of households made less than $20K, 53% made between $20K and $60K and 30% made over $60K. Twelve percent of the FHHR families are single parent and have an average total income of $26,106. The average married total income is $51,790. For FHHR in 2001, 11.2% of families were considered to have low income (11.8% for SK). In 2001 in FHHR, 18.6% of children 17 and younger belonged to low income families (19.0% for SK).

Households on government assistance: 2004/2005 as of April 2005.

1227 people/families are on some kind of government assistance program in Moose Jaw and surrounding areas. 5.6% are on transitional employment allowance (69/1227 = 5.6%) and 94.4% are on full social assistance (1158/1227 = 94.4%).

Of the 1158, 67.8% are single adults (785/1158 = 67.8%), 4.9% are childless couples (57/1158 = 4.9%), 22.8% are single parent families (264/1158 = 22.8%), and 4.5% are two parent families (52/1158 = 4.5%).

From the 2002 Child and Youth Needs Assessment, 6.5% of 10 to 19 were in families that used food programs to get enough food.

Education: From the CCHS 2003, 33.8% of adults had less than a secondary education, 23.4% had a secondary education, 6.6% had a trade, diploma or some college/university and 34.5% had a post secondary degree. In a recent survey (2003) of select areas of the region, 20% of adults had less than a secondary education, 27% had a secondary education, 52% had post secondary education.

Physical Activity: For FHHR in 2001, 40.9% of residents are moderately active to active (SK – 44.1%) and 51.2% of residents are inactive (SK – 48.9%). **2003** Rates of physical Activity in FHHR and SK. There is a discrepancy in data due to the database used.

Derived from CCHS 2003	moderately active/active FHHR	inactive FHHR	moderately active/active SK	inactive SK
Stats Can data (entire file)	49.9%	48.3%	49.6%	47.8%
SK health data (share file)	50.6%	47.6%	49.8%	47.8%

Body Mass Index: Body mass index (BMI)-Canadian standard, which relates weight to height, is a common method of determining if an individual's weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in metres squared. The index is: under 18.5 (underweight), 18.5-24.9 (acceptable weight), 25-29.9 (some excess weight) and greater than 30.0(overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Over-consumption of food with poor nutrient quality (high fat, high sugar, high calorie, low nutrients) contributes to obesity, Saskatchewan's silent epidemic. This results in premature death and morbidity from cardiovascular disease and Type II Diabetes, amongst others. High rates of smoking in FHHR further exacerbate premature deaths due to cardiovascular disease.

2003 Rates of overweightness and obesity in FHHR and SK. There is a discrepancy in data due to the database used. Resolution has been made by SK (May 2005).

Derived from CCHS 2003	Overweight FHHR	Obese FHHR	Overweight SK	Obese SK
Stats Can data (entire file)	37.7%	22.6%	35.5%	19.7%
SK health data (share file)	41.8%	25.9%	35.8%	20.5%

Smoking: In FHHR in **2003**, 24.1% (22.9% males; 25.3% females) of adults between the ages of 12 to 65 smoked compared to the 24.0% (24.6% males; 23.9% females) of adults of the same age group in the province. There is a clear social gradient between smoking and income level. For example, those earning $12K to $40K had a smoking rate of 40% whereas those earning over $70K had a rate of 19% (2001).

Youth: 18% of 15-19 year olds in Canada in 2003 smoked (Health Canada). 10% of 12-17 year olds in Canada in 2003 smoked (CCHS, 2003). In FHHR in 2002, 20.2% of youth smoke cigarettes daily (2002 Child & Youth Needs Assessment).

Health System Performance

Pertussis: There were 843 pertussis cases in Saskatchewan in the year 2000 (83/100,000), a decrease from 1128 in 1999 (108/100,000). In the year 2000, FHHR had 15 cases of pertussis (26/100,000), 6 in 2001 (11/100,000), 151 in 2002 (267/100,000), 23 in 2003 (42/100,000), 8 in 2004 (14/100,000) and 11 in 2005 (20/100,000). The 5 to 12 age group is predominantly affected. The significance of these diseases is that considerable time and staff resources are needed in following up cases and contacts. Also potential for severe disease in the very young or immunocompromised. Pertussis in adults and adolescents is thought to be under-diagnosed. [A relatively new vaccine against pertussis (Adacel) is available for people of age 12-54 years. This is now part of the provincially funded childhood immunization program].

Hepatitis C: The incidence of Hepatitis C was 902 cases (88/100,000) in Saskatchewan in 2002. The incidence in the FHHR was 27 cases (48/100,000) in 2002, 15 cases (27/100,000) in 2003, 14 cases (25/100,000) in 2004 and 11 cases (20/100,000) in 2005. In the Province, between 1998 and 2000, 70% of the new cases had IV drug use (IDU) as a risk factor, whereas in

FHHR, at least 37% of those who tested positive for Hepatitis C were intravenous drug users. Risk factors could not be determined for some patients.

A harm reduction program (including a needle exchange program) for injection drug users was established by Public Health in 2002. It includes appropriate immunizations, serological testing, counselling and referrals to addictions, social services, physicians, etc.

HIV: In FHHR for the years 1998 through 2005 there were a total of 9 officially reported cases, with an average of 1.13 cases per year.

Immunization Rates:

As per Canadian National standard, the coverage rate is the specific rate of immunization coverage, by a child's second birthday. This is an important milestone, as a child should have received the primary immunization series by this time.

The following Table represents the percentage of eligible population receiving immunization at second birthday, for FHHR and the Province - this for children who turned 2 years old between **July 1st 2004, and June 30th, 2005**. A few other Health Regions are included as comparison.

The FHHR, Heartland and Sunrise Health Regions comprise the highest coverage rates in the Province:

Immunization Rates: **for children who turned 2 years old between July 1st 2004, and June 30th, 2005**

Regional Health Authority	Population who attained age 2 in given year (covered pop)	Population who attained age 2 in given year and are registered in SIMS**	Rate by Antigen (%)							
			Diphtheria	Haemophilus influenzae type b	Measles	Mumps	Pertussis	Polio	Rubella	Tetanus
Five Hills	**566**	**548**	**86.5**	**86.1**	**83.9**	**83.6**	**86.5**	**86.3**	**83.9**	**86.5**
Saskatchewan	11,988	10,854	72.9	72.2	71.2	71.1	72.9	72.9	71.2	72.9

Immunization Rates: 2004 & 2005

2005	Diphtheria	Haemophilus Influenza type B	Measles	Mumps	Pertussis	Polio	Rubella	Tetanus
FHHR	**83.7%**	**83.4%**	**81.3%**	**80.9%**	**83.7%**	**83.6%**	**81.3%**	**83.7%**
SK	66.0%	65.3%	64.5%	64.4%	66.0%	66.0%	64.4%	66.0%
2004								
FHHR	**82.9%**	**82.3%**	**80.7%**	**80.3%**	**82.9%**	**82.9%**	**80.7%**	**82.9%**
SK	73.3%	72.5%	71.7%	71.6%	73.3%	73.3%	71.6%	73.3%

These coverage rates are for children who reached the age of 2 years in **2004 and 2005**.

Influenza Immunization rates for seniors (65 years of age and above):

This is a cost-effective population health measure, reducing both morbidity and mortality due to respiratory causes, in this vulnerable age-group. The information in the table below indicates that FHHR has steadily increased its percentage of those covered by the 'flu shot, over the last three reporting periods:

RHA, Year	% Adults 65+ Immunized
FHHR 2002/2003	65%
FHHR 2003/2004	66%
FHHR 2004/2005	68%
SK 2002/2003	62%
SK 2003/2004	66%
SK 2004/2005	68%

Emerging Issues:

1. The Metabolic Syndrome:

This is a problem now, and a burgeoning problem into the medium and long-term future. This is a syndrome comprising:

- insulin resistance culminating in diabetes mellitus
- overweight
- hypertension
- other

It is obvious from the aforementioned health status indicators, that the FHHR population is overweight, unfit and at increasing risk of developing metabolic syndrome, or components thereof.

The risk is losing ground in the hitherto successful battle against cardiovascular disease as experienced in the last 50 years. Primary preventive efforts are faced with competing challenges in trying to instill a new life-philosophy into the new generation, by population health promotion endeavours including community development. Primary, regional and tertiary health care services will be increasingly challenged to meet the demands of this all-encompassing syndrome.

2. Viral and Bacterial Diseases:
Planning for Emerging Major Communicable Disease events:

Planning for these eventualities is important. It has led to the formation of strategic groupings such as the South Saskatchewan Pandemic Planning Group, as well as working groups within the FHHR itself.

Major (communicable) diseases may include influenza (both pandemic and avian high-pathogenic types). It is noted at this time, that Avian influenza H5N1 does not have the capacity for human to human spread, but this property could develop at any time.

Arbovirusses such as West Nile Virus will continue to flare up in the summer months. This disease is dependent on the mosquito vector, and mosquito proliferation in turn is heat-dependent. Global warming will influence these and other disease vectors, giving rise to the term transmerging diseases, i.e. the emergence or re-emergence of infectious diseases, new and old, against the background of a transforming weather and economic environment. A good example is dengue fever, rapidly spreading across South America and the Caribbean.

With expanded and more adventurous tourism, including eco- and adventure-tourism, physicians can expect exotic diseases to appear from time to time. Some of these such as the hemorrhagic fevers, can be dangerous, and need specific, expert approaches.

Antibiotic resistant organisms are on the rise, requiring continually changing approaches to stay ahead of organisms including MRSA and MDR-Tuberculosis, for example. Some staphylococci are becoming resistant even to the fluoroquinolone group of antibiotics. To interrupt transmission of these and evolving resistant organisms, we need to:

- know about the latest mechanisms of how this resistance is conferred, i.e. by plasmids and integrons
- realize that the old standbys of hand hygiene and barrier isolation precautions, remain critically important

3. Special interest groups:

Immigrants, refugees and otherwise, need a lot of assistance in order to settle successfully in our country. Access to health services is included in this process, and we need to continually strive to facilitate this process. This includes the necessary supports to facilitate the transition to the health services of a developed country such as ours. Language and cultural barriers present real obstacles to realizing this endeavour. Ongoing close cooperation with Multicultural Centres is essential.

2005-06 Results at a Glance

This section briefly highlights the significant events and accomplishments throughout the fiscal year including performance, operational, and financial achievements that pertain to goals and the financial summary.

GOAL 1 – IMPROVED ACCESS TO QUALITY HEALTH SERVICES

- Introduced the Five Hills Access Centre – for single point of entry to a continuum of continuing care services.
- Improved surgical access through participation in the Saskatchewan Surgical Care network.
- Improved diagnostic access through participation in the Diagnostic Services Review.
- Increased CT throughput from 4,000 exams to 5,451 exams.
- Participated in the establishment of Wakamaw Place – integrating Thunder Creek Rehabilitation services, housing and the FHHR mental health drop-in centre at one site.
- Provided dialysis services through the newly established dialysis centre.
- Enhanced addiction services through the Premier's Project Hope.
- Established a plan for palliative services throughout the region.
- Established 24/7 on-site ER physician services in Moose Jaw.
- Opened the new 22 bed long term care wing at Assiniboia Union Hospital.
- Continued planning for a new wing at Moose Jaw Union Hospital.

GOAL 2 – EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

- Implemented the Population Health Promotion plan for the region – with emphasis on accessible nutritious foods, active communities, mental well being, decreased substance abuse, and injury prevention.
- Continued development of primary health care initiatives throughout the region.
- Established a chronic disease management framework.
- Established a community development approach throughout the rural areas of the region.
- Focused addictions and mental health services on upstream prevention and early intervention in the schools.
- Continued strong intersectoral collaboration through significant joint communication and partnerships with other human service sectors.
- Creation of the Moose Jaw – South Central Drug strategy.
- Introduction of the FHHR Falls Prevention Project.

- Improved infectious disease monitoring and reporting.
- Focused on pandemic planning at the regional, southern Saskatchewan, provincial and federal levels.

GOAL 3 – RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

- FHHR workplaces declared 'in-Motion'.
- Signed an aboriginal workplace agreement.
- Human resource plans of the region further refined.
- Successful specialist recruitment in areas of Emergency, Pathology, Psychiatry, Obstetrics/Gynecology and Anesthesiology.
- Promotion of continuing education through telehealth and intranet.
- Staff safety forum held and targets established for improvement to the workplace.
- Improved uptake through staff influenza campaign.

GOAL 4 – A SUSTAINABLE, EFFICIENT, ACCOUNTABLE, QUALITY HEALTH SYSTEM.

- Achieved full accreditation status through a CCHSA survey conducted November, 2005.
- Improved protocol for treatment of Sepsis and Stroke.
- Developed an FHHR plan for quality improvement entitled 'pursuing excellence'.
- Participated in Health Quality Council initiatives including the ICU Collaborative, Patient Experience Survey, Chronic Disease Management initiative.
- Joined the Canadian Patient Safety Initiative "Safer Healthcare Now" in the area of establishing rapid response teams.
- Hosted a safety forum to promote staff and patient safety throughout the region.
- Prepared and received approval for a South Regions project that examines the patient experience (along with opportunities for improvement) along the continuum of community, regional and tertiary care.
- Further developed privacy protocols/policies in the region.
- Introduced a focus on improved customer service.
- Established an ethicist consultation service in the region.
- In addition to community development sessions established throughout the region, authority meetings were held in Moose Jaw, Avonlea, Mossbank, Caronport and Craik.

FINANCIAL SUMMARY

- There was a surplus of $412,000

2005-06 Performance Results

GOAL 1
IMPROVED ACCESS TO QUALITY HEALTH SERVICES

Please refer to Section "Performance Management Summary (Indicator Tables)" for notes to the following indicators.

Indicator	RHA	Provincial Comparison	Range	Target
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005-06*	103%	n/a	n/a	100%

Data provided by: Acute and Emergency Services Branch (AESB), Saskatchewan Health
The 2005/2006 target for Five Hills was revised from 4,000 to 5,300 exams in the third quarter.

CT utilization exceeded our planned targets for 2006/06 with an increase from and initial target of 4,000 exams to 5,300 exams. This was made possible through additional Sask Health funding.

Indicator		RHA	Provincial Comparison	Range	Target
Number of surgical cases[13] *2005-06*		4,072	n/a	n/a	_____[14]
Percentage of surgical cases performed as day surgery[13] *2005-06*		59.2%	54.4%	39.0%-66.6%	To be determined
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005-06*	Priority Level II within 3 weeks	58.0%	56.3%	44.1% - 97.5%	95%
	Priority Level IV within 3 months	87.5%	65.1%	46.4% - 100.0%	80%
	Priority Level VI within 12 months	98.4%	84.2%	72.9% - 100.0%	80%

Source: Saskatchewan Surgical Care Network (SSCN) Surgical Patient Registry data mart (Saskatchewan Health)

The primary reason that the Priority Level II (within 3 weeks) being below the target is because Urological Cancer Patients rechecks are booked after their initial procedure within 4-6 months. As the diagnosis of cancer is entered on the scoring tool this automatically enters the patient as a Priority Level II.

Indicator	RHA	Provincial Comparison	Range	Target
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*	5.5%	26.6%	0.00% - 100.0%	25% of SK residents by 2006, 100% by 2011

Source: Saskatchewan Covered Population (Saskatchewan Health)
Data provided by: Primary Health Services Branch, Saskatchewan Health

Primary Health Care development did not proceed according to our planned target. Some progress has been made in Assiniboia, Willow Bunch, Rockglen, Mossbank, Kincaid and Gravelbourg. Alternate payment agreements, a requirement for establishing Primary Health Care sites set out by Sask Health, continue to be negotiated at a provincial level with the Saskatchewan Medical Association.

GOAL 2
EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

Indicator	RHA	Provincial Comparison	Range	Target
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005-06*[18]	Data currently not available	Data currently not available	Data currently not available	90% compliance

Source: Saskatchewan Environmental Health System (SEHS) (Saskatchewan Health)
Data provided by: Population Health Branch (PHB), Saskatchewan Health

The Region is fully compliant.

GOAL 3
RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

Indicator		RHA	Provincial Comparison	Range	Target
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	93.73	90.60	79.59 – 116.42	____[5]
	HSAS	60.56	64.00	45.01 – 123.48	____[5]
	OOS/OTHER[3]	57.81	48.09	30.44 – 61.87	____[5]
	SUN	85.05	91.94	53.66 – 98.79	____[5]
	All Affiliations	86.91	85.18	69.24 – 103.96	____[5]

Source:

Sick time data – "Absence Trending Report", Saskatchewan Association of Health Organizations (SAHO) payroll data system

FTEs – SAHO Statistical Reports (Paid FTE), SAHO payroll data system (SAH0)

Data provided by: Workforce Planning Branch (WPB), Saskatchewan Health

Sick leave utilization has grown in the past year, with improvements in other regions being made during the same period. The FHHR has historically performed well in this area and will continue to strive for improved performance.

Indicator		RHA	Provincial Comparison	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	18.25	32.83	15.22 – 80.89	____[5]
	HSAS	15.46	24.75	0.35 – 88.09	____[5]
	OOS/OTHER[3]	1.41	3.17	0.00 – 10.15	____[5]
	SUN	24.61	72.44	24.61 – 426.41	____[5]
	All Affiliations	17.96	38.06	17.96 – 130.02	____[5]

Source:

Wage-driven premiums data – "Overtime Trending Report", SAHO payroll data system

FTEs – SAHO Statistical Reports (Paid FTE), SAHO payroll data system (SAHO)

Data provided by: Workforce Planning Branch (WPB), Saskatchewan Health

Wage drive premium hour growth over the past year can be linked to increased sick time utilization, through the need to replace staff off ill. The FHHR performs well in this area but has seen some growth in the past year.

Indicator		RHA	Provincial Comparison	Range	Target
Distribution of health system full time equivalents (FTEs) by affiliation *2005-06*	Provider Unions (CUPE, SEIU, SGEU)	800.39	n/a	n/a	
	HSAS	71.82	n/a	n/a	
	OOS/OTHER[3]	106.38	n/a	n/a	
	SUN	257.43	n/a	n/a	
	All Affiliations	1,235.48			

Source:

SAHO Statistical Reports (Paid FTE), SAHO payroll data system (Saskatchewan Association of Health Organizations (SAHO))

Data provided by: Workforce Planning Branch (WPB), Saskatchewan Health

FTE distribution continued to be on target.

Indicator	RHA	Provincial Comparison	Range	Target
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005-06*	6.72	8.07	4.48 – 10.57	——[5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005-06*	477.55	447.10	190.64 – 618.66	——[5]

Source:

Claims – Saskatchewan Workers' Compensation Board (WCB)

FTEs – SAHO Statistical Reports (Paid FTE), SAHO payroll data system (Saskatchewan Association of Health Organizations (SAHO))

Data provided by: Workforce Planning Branch (WPB), Saskatchewan Health

WCB claims and lost time days remain high for the FHHR with priority given to this issue in recent months. The current focus is on falls, needle sticks, aggressive behavior and transfers/lifts.

GOAL 4
A SUSTAINABLE, EFFICIENT, ACCOUNTABLE, QUALITY HEALTH SYSTEM.

Indicator	RHA	Provincial Comparison	Range	Target
Percentage of critical incidents meeting timeframe for notification (3 days) *2005-06*	100%	96.9%	94.2% - 100.00%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005-06*	Data currently not available	Data currently not available	Data currently not available	100% compliance

Source: Critical Incident Monitoring System (CIMS) (Saskatchewan Health)

Critical incident reporting continues to be on target.

Indicator		RHA	Provincial Comparison	Range	Target
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			

Data Provided by: Communications Branch, Saskatchewan Health

Significant community development and community engagement work has been undertaken by the region – initiated in 2005/06.

Indicator	RHA	Provincial Comparison	Range	Target
Number of days able to operate with working capital *2005-06*	18.50	n/a	(62.41) – 18.50	To be determined
Surplus/deficit as a percentage of actual operating expenditures *2005-06*	0.4%	n/a	(1.2%) – 1.3%	0.0%

Source: Balance sheet and Income statements from Five Hills Health Region
Data provided by: Monitoring and Analysis Unit, Regional Accountability Branch (RAB), Saskatchewan Health

Working capital and surplus/deficit remain on target.

Future Outlook/ Emerging Issues

The region continues to operate within a balanced budget. Financial risks do exist due to the size and complexity of the organization. Operational variances may present through the wide breadth of programming, needs and related costs that emerge throughout the year. Capital infrastructure and equipment needs continue to be extensive and may present a challenge in future years – through urgent replacement mid-year.

2006 Five Hills Health Region - Strategic Priorities

On February 22nd, 2006 the Authority re-examined and established a set of ***strategic priorities*** for the Five Hills Health Region. The priorities of the Authority include:

- **Community Engagement** – reinforcing the importance of community development.
- **Client Centered Service** – providing exemplary customer service
- **Access** – reducing waitlists and wait times for service; exploring alternatives to deliver service closer to home or community.
- **Primary Health Care** – expanding primary health care sites and initiatives throughout the health region.
- **Secondary Services** – supporting essential regional hospital and community hospital services.
- **Quality** – pursuing excellence.
- **Safety** – creating a safe environment for staff and those we serve.
- **Population Health** – influencing those factors that make and keep us healthy.
- **Recruiting/Retaining** – supporting a quality workplace and high performing work team.
- **Capital** – pursuing the new wing project at MJUH; exploring facility options for long term care delivery in future – in light of facility renewal requirements.

These strategic priorities are intended to bring focus to the organization. Quality, safety (patient and provider), disease prevention, community engagement, primary health care and chronic disease management will continue to be central themes in health care well into the future. Staffing and infrastructure will continue to be the prerequisites for service delivery.

A number of specific issues that emerge from our needs assessment/health status information have been included on page 12 and 13 of this report. Risks and risk domains have been summarized on page 4.

In addition to the aforementioned issues, a number of specific issues/opportunities have emerged that includes:

- Demographic changes brought on by aging baby boomers, out-migration and urbanization.
- Growth in long term care waitlists in recent months. While the senior population peaked several years ago, the number of frail elderly continues to grow as the oldest age cohorts continue to grow. In the longer term, planning for long term care will need to move away from high rates of institutionalization to alternative methods of support. Chronic disease prevention will need to be a current focus to deal with the next wave (baby boomers) to come through the senior cohort.
- Hospitalization rates due to injury/falls continue to be high. Readmission rates to the mental health inpatient unit will also need to be monitored and addressed.
- Rates of obesity and chronic illness continue to grow and place a significant burden on patients, providers and services. Prevention and health promotion activities in these areas will need to be increased.
- There continues to be significant cost associated with staff sick time and wage driven premium hours. The frequency of Workers Compensation claims continues to be a significant issue.
- Waitlists and issues with timely access for services will need to be dramatically improved – particularly for tertiary and specialized services. The system will need to become more patient/client/resident centered.
- Services will need to become more responsive and flexible in response to patient/resident/client centered approach.
- Care pathways, protocols, and algorithms will need to be further developed by providers to promote greater standardization of interventions that are based on best practice and evidence.
- Teamwork will need to be further developed in dealing with the complexity of care required into the future.
- Communities will need to become more engaged and active in influencing determinants of health for residents and families.
- Capital renewal for the future in acute and long term care will be required within the region – and in Moose Jaw in particular.

Management Report

May 12, 2006

FIVE HILLS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Dan Florizone
Chief Executive Officer

Wayne Blazieko
Chief Financial Officer

2005-06 Financial Report

Canadian Generally Accepted Auditing Standards require the auditor appointed by the RHA review the annual report prior to release. The auditor's review is to ensure the financial statements and auditor's reports are adequately reproduced, and to ensure any other information presented within the report is consistent with the financial statements. Once the auditor has reviewed the annual report and determined it is accurate, they will provide the RHA with permission to include their signature in the annual report.

FIVE HILLS REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

For the Year Ended March 31, 2006

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

AUDITORS' REPORT

To the Five Hills Regional Health Authority

We have audited the statement of financial position of the Five Hills Regional Health Authority as at March 31, 2006 and the statements of operations and changes in fund balances and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial information.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 12, 2006

Virtus Group LLP
CHARTERED ACCOUNTANTS

200-130 3rd Avenue North
Saskatoon, Saskatchewan S7K 2H1
Telephone 306-653-6100 Fax 306-653-6275
Toll Free 1-866-248-7677
Email virtus.saskatoon@virtusgroup.ca
Firm Website www.virtusgroup.ca

Century Plaza Annex 200-2209 Saskatchewan Drive
Regina, Saskatchewan S4P 3V6
Telephone 306-522-8600 Fax 306-522-8222
Toll Free 1-866-248-7677
Email virtus.regina@virtusgroup.ca

Statement 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2006

(in thousands of dollars)	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2006	Total 2005 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 10,586	$ 3,953	$ 355	$ 14,894	$ 16,667
Accounts receivable					
Saskatchewan Health - General Revenue Fund	2,745	-	-	2,745	637
Other	754	51	64	869	863
Inventory	786	-	-	786	801
Prepaid expenses	859	-	-	859	634
	15,730	4,004	419	20,153	19,602
Investments (Market $1,323,837; 2005 - $775,220)	74	448	667	1,189	579
Capital assets (Note 3)	-	23,919	-	23,919	23,972
Total Assets	$ 15,804	$ 28,371	$ 1,086	$ 45,261	$ 44,153
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 4,646	$ 14	$ -	$ 4,660	$ 2,855
Accrued salaries	3,325	-	-	3,325	2,017
Vacation payable	4,401	-	-	4,401	3,972
Mortgages payable – Current (Note 5)	-	90	-	90	86
Deferred Revenue (Note 6)	2,204	-	-	2,204	2,646
	14,576	104	-	14,680	11,576
Long Term Liabilites					
Long Term Leases Payable	-	-	-	-	-
Mortgages payable (Note 5)	-	2,225	-	2,225	2,315
Total Liabilities	14,576	2,329	-	16,905	13,891
Fund Balances (Statement 2)					
Invested in capital assets	-	21,603	-	21,603	21,572
Externally restricted (Schedule 3)	-	-	1,086	1,086	1,053
Internally restricted (Schedule 4)	57	620	-	677	677
Unrestricted	1,171	3,819	-	4,990	6,960
Fund balances – (Statement 2)	1,228	26,042	1,086	28,356	30,262
Total Liabilities & Fund Balances	$ 15,804	$ 28,371	$ 1,086	$ 45,261	$ 44,153

Approved on behalf of the board of directors:

_____

_____

See accompanying notes to the Financial Statements.

Statement 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2006

(in thousands of dollars)	Operating Fund			Restricted			
	Budget 2006	2006	2005 (Note 10)	Capital Fund 2006	Community Trust Fund 2006	Total 2006	Total 2005 (Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 85,163	$ 90,155	$ 81,166	$ 1,168	$ -	$ 1,168	$ 3,239
Other Provincial Revenue	370	343	512	58	-	58	58
Federal Government Revenue	71	99	80	-	-	-	2
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	724	731	705	-	-	-	-
Patient Fees	3,277	3,300	3,211	-	-	-	-
Out of Province Revenue (Reciprocal)	451	496	438	-	-	-	-
Out of Country Revenue	18	51	24	-	-	-	-
Donations	21	54	48	266	-	266	779
Investment Revenue	176	364	279	156	38	194	157
Ancillary Revenue	141	147	145	21	-	21	21
Recoveries	942	1,288	1,208	-	-	-	-
Other Revenue	24	36	31	50	1	51	43
	91,378	97,064	87,847	1,719	39	1,758	4,299
EXPENSES							
Province Wide Acute Care Services	1,071	976	590	-	-	-	-
Acute Care Services	33,082	35,958	32,425	2,613	-	2,613	2,224
Physician Compensation - Acute	3,290	3,885	2,493	-	-	-	-
Supportive Care Services	29,099	30,298	27,962	1,384	-	1,384	1,319
Home Based Service - Supportive Care	5,260	5,473	4,639	17	5	22	49
Population Health Services	2,902	2,816	2,686	24	-	24	27
Community Care Services	4,165	4,612	4,117	-	1	1	-
Home Based Services - Acute & Palliative	983	947	1,203	-	-	-	-
Primary Health Care Services	1,148	1,178	951	19	-	19	19
Emergency Response Services	2,042	2,151	1,973	10	-	10	13
Mental Health Services	1,872	1,899	1,920	-	-	-	-
Addictions Services	711	722	705	2	-	2	22
Physician Compensation - Community	1,584	1,611	1,394	-	-	-	-
Program Support Services	3,289	3,247	3,150	-	-	-	-
Special Funded Programs	739	746	706	-	-	-	-
Ancillary	136	133	126	-	-	-	-
Total Expenses (Schedule 1)	91,373	96,652	87,040	4,069	6	4,075	3,673
Excess (Deficiency) of revenues over expenses	$ 5	412	807	(2,350)	33	(2,317)	626
Fund Balances, beginning of year		1,228	1,228	27,981	1,053	29,034	27,601
Interfund transfers (Note 14)		(412)	(807)	412	-	412	807
Fund balances, end of year		$ 1,228	$ 1,228	$ 26,042	$ 1,086	$ 27,128	$ 29,034

See accompanying notes to the Financial Statements.

Statement 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2006

(in thousands of dollars)	Operating Fund		Restricted Fund			
	2006	2005 (Note 10)	Capital Fund	Community Trust Fund	Total 2006	Total 2005 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 412	$ 807	$ (2,350)	$ 32	$ (2,318)	$ 626
Net change in non-cash working capital (Note 7)	341	445	425	9	434	3,178
Amortization of capital assets	-	-	3,832	-	3,832	3,435
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	753	1,252	1,907	41	1,948	7,239
Purchase of capital assets						
Buildings/construction	-	-	(771)	-	(771)	(3,845)
Equipment	-	-	(3,007)	-	(3,007)	(2,897)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	(62)	58	9	(557)	(548)	533
	(62)	58	(3,769)	(557)	(4,326)	(6,209)
Repayment of debt	-	-	(86)	-	(86)	(128)
Net increase (decrease) in cash & short term investments during the year	691	1,310	(1,948)	(516)	(2,464)	902
Cash & short term investments, beginning of year	10,307	9,804	5,489	871	6,360	4,651
Interfund transfers (Note 14)	(412)	(807)	412	-	412	807
Cash & short term investments, end of year (Schedule 2)	**$ 10,586**	**$ 10,307**	**$ 3,953**	**$ 355**	**$ 4,308**	**$ 6,360**
Amounts in cash balances						
Cash & short term investments	**$ 10,586**	**$ 10,307**	**$ 3,953**	**$ 355**	**$ 4,308**	**$ 6,360**

See accompanying notes to the Financial Statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Five Hills Regional Health Authority was created by the Act. The Five Hills Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Five Hills Health Region.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Extendicare (Canada) Inc.
Moose Jaw Alcohol and Drug Abuse Society Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Wald Ambulance Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – Non profit Corporations Act
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Non profit Corporations Act

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis.

f) Investments

Investments are valued at the lower of cost or market.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. Capital Assets

(in thousands of dollars)	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 267	$ -	267	$ 267
Land improvements	407	293	114	90
Buildings	39,697	23,067	16,630	17,727
Equipment	24,750	17,859	6,891	5,887
Construction in progress	17	-	17	1
	$ 65,138	$ 41,219	$ 23,919	$ 23,972

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2006, commitments for acquisition of capital assets were $130,286 (2005 - $1,058,494).

5. Mortgages Payable

(in dollars)

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2006	Balance Outstanding 2005
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$185,951	$198,577
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	63,330	66,161
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	828,509	838,540
Regency Manor CMHC, due August 1, 2019	5.50%	$106,230 principal & interest of which $35,655 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2006.	1,009,045	1,058,906
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	63,368	64,822
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	165,061	173,564
			$2,315,264	$2,400,570
Less: Current portion			90,542	85,741
			$2,224,721	$2,314,829

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2007	$ 90,542
2008	96,127
2009	102,084
2010	108,443
2011	115,234
2012 and subsequent	1,802,834

6. Deferred Revenue

(in thousands of dollars)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	450	442	-	8
Work Place Wellness	257	-	53	310
Successful Moms	54	4	-	50
Family Support and Rehab	58	-	10	68
Surgical Access	81	33	-	48
CT Evaluation	16	-	-	16
Diabetes Control	98	38	-	60
Operating Room Scheduling	391	391	-	-
Nursing Council	52	3	-	49
Alternate Physician Pymt Central Butte	25	-	19	44
Alternate Physician Pymt Teen Wellness	-	-	-	-
Substance Abuse Youth Needs	5	-	-	5
Professional Development Fund	105	66	-	39
Needle Exchange	27	-	9	36
Undesignated Medical Remuneration	134	-	52	186
Population Health Strategy	19	7	-	12
Primary Health Care Transition	56	54	-	2
Primary Health Care Team Facilitator	28	-	2	30
Primary Health Care Central Butte Site	207	-	112	319
Primary Health Care Assiniboia Kincaid	-	-	97	97
Quality Health Workplace Initiatives	66	44	-	22
Renal Dialysis Project	88	1	-	87
Smoke Free Legislation	16	3	-	13
Mental Health Clinical Conference	-	-	10	10
JJE Funding	54	11	-	43
HIPA Implementation	23	13	-	10
Aboriginal Awareness Training	17	11	-	6
SIMS/PHIS	14	2	-	12
Health Line	4	4	-	-
Home Care Acute Initiative	-	-	12	12
Project Hope Cross Training	-	-	52	52
Public Health Capacity	-	-	55	55
Surgical Waitlist Incentive	-	-	65	65
Total Sask Health	**$ 2,345**	**$ 1,127**	**$ 548**	**$ 1,766**

(in thousands of dollars)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 34	$ -	$ 71	$ 105
Sask Learning - General Revenue Fund - Kids First Non Targeted	37	13	-	24
Sask Community Resources and Employment - General Revenue Fund - Needs Solution Survey	-	-	-	-
Sask Housing - General Revenue Fund - Advanced Payment April 2005	3	3	-	-
Other - Special Needs	75	-	66	141
Other - SGI Acquired Brain Injury	54	19	-	35
Other - Resource Centre	40	3	-	37
Mental Health Clinical Conference	12	-	12	24
Other - MJ Health Foundation	-	-	20	20
Other - Pioneer Housing MJ Mortlach Mgmt Board	-	-	20	20
West Nile Virus	-	-	2	2
Other - miscellaneous	46	16	-	30
Total Non Sask Health	**$ 301**	**$ 54**	**$ 191**	**$ 438**
Total Deferred Revenue	**$ 2,646**	**$ 1,181**	**$ 739**	**$ 2,204**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

7. Net Change in Non-cash Working Capital

(in thousands of dollars)	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) Decrease in accounts receivable	$ (2,548)	$ 964	$ 426	$ 9	$ 435	$ 3,179
(Increase) Decrease in inventory	14	(145)			-	
(Increase) Decrease in prepaid expenses	(225)	(236)			-	
Increase (Decrease) in accounts payable	1,805	(222)	(1)		(1)	(1)
Increase (Decrease) in accrued salaries	1,308	(73)			-	
Increase (Decrease) in vacation payable	429	182			-	
Increase (Decrease) in deferred revenue	(442)	(25)			-	
	$ 341	$ 445	$ 425	$ 9	$ 434	$ 3,178

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2006 was $3,624 (2005 - $6,284) and are included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2006	2005
Revenues		
Workers Compensation	$ 173,173	$ 180,710
	$ 173,173	$ 180,710
Expenses		
Saskatchewan Association of Health Organizations	$ 2,491,787	$ 1,943,315
Saskatchewan Health Employees Pension Plan	2,684,062	2,475,951
Saskatchewan Health Information Network	390,714	130,304
Saskatchewan Energy	294,745	325,936
Saskatchewan Power	616,943	594,953
Saskatchewan Property Management	427,334	434,308
Saskatchewan Tel	233,204	245,613
Valleyview	595,440	547,930
Workers Compensation	1,137,282	1,071,494
	$ 8,871,510	$ 7,769,804
Prepaid Expenditures		
Workers Compensation	$ 264,654	$ 244,214
Saskatchewan Association of Health Organizations	107,580	-
	$ 372,234	$ 244,214
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 159,950	$ 151,274
Saskatchewan Health Employees Pension Plan	458,722	419,154
Saskatchewan Health Information Network	390,714	42,044
	$ 1,009,387	$ 612,472

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2006	2005
Extendicare (Canada) Inc.	$ 4,734,841	$ 4,331,433
Moose Jaw Alcohol and Drug Abuse Society Inc.	721,972	705,507
Canadian Mental Health Association	10,000	11,698
Thunder Creek Rehabilitation Association Inc.	357,080	349,211
Lifeline Ambulance Service Inc.	1,140,485	1,040,058
Wald Ambulance Ltd.	464,940	429,358
	$ 7,429,318	$ 6,867,265

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2006	2005
Providence Place for Holistic Health Inc.	$ 9,692,123	$ 8,789,911
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	3,535,203	3,207,448
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	162,667	146,535
	$ 13,389,993	$ 12,143,894

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2006 and 2005.

	Total 2006	*Total 2005*
Balance Sheet		
Assets	*$3,332,371*	*$3,034,506*
Net Capital Assets	*27,715,135*	*28,567,941*
Total Assets	*$31,047,506*	*$31,602,447*
Total Liabilities	*$3,171,608*	*$3,133,923*
Total Net Assets	*27,875,898*	*28,468,524*
	$31,047,506	*$31,602,447*

	Total 2006	*Total 2005*
Results of Operations		
RHA Grant	*$13,434,163*	*$12,098,589*
Other Revenue	*3,880,318*	*3,821,340*
Total Revenue	*$17,314,481*	*$15,919,929*
Salaries & Benefits	*$14,129,250*	*$12,833,869*
*Other Expenses**	*4,097,880*	*4,171,152*
Total Expenses	*$18,227,130*	*$17,005,021*
Excess Revenue over Expenses	*($912,649)*	*($1,085,092)*

** Other Expenses includes amortization of $1,166,877 (2004-$1,322,840)*

	Total 2006	*Total 2005*
Cash Flows		
Cash from Operations	*$244,981*	*$162,473*
Cash used in financing activities	*116,132*	*43,110*
Cash used in Investing activities	*(352,152)*	*(106,127)*
Increase in cash	*$8,961*	*$99,456*

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, (2005 - $298,843; 2004 - $292,401) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of (2005- $279,387; 2004 - $194,969) to the RHA/community.

10. Comparative Information

Certain 2004-05 balances have been reclassified to conform with the current year's presentation.

11. Pension

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $2,815,359 (2005 - $2,599,329) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2005-2006 budget plan on May 25, 2005.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHAs receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $2,433,564 (2005 - $2,544,282) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

(in thousands of dollars)	2006			2005		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	(355)	355	-	(763)	763	-
SHC reserves	(57)	57	-	(44)	44	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	$ (412)	$ 412	$ -	$ (807)	$ 807	$ -

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingent Liability

Joint Job Evaluation Reconsiderations
The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined.

Schedule 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES
For the Year Ended March 31, 2006

(in thousands of dollars)	Budget 2006	Actual 2006	Actual 2005
Operating:			
Board costs	$ 118	$ 73	$ 89
Compensation - Benefits	8,152	9,074	7,923
Compensation - Salaries	44,244	46,618	43,053
Diagnostic imaging supplies	295	281	251
Drugs	1,441	1,352	1,129
Food	966	948	913
Grants to ambulance services	1,708	1,810	1,635
Grants to third parties	18,070	19,103	17,428
Housekeeping and laundry supplies	379	354	351
Information technology contracts	228	188	196
Insurance	214	195	193
Interest	3	1	2
Laboratory supplies	825	823	702
Medical and surgical supplies	1,604	1,661	1,382
Medical remuneration and benefits	4,843	5,480	3,879
Office supplies and other office costs	405	386	390
Other	755	739	617
Other referred out services	1,110	1,297	1,306
Professional fees	817	862	640
Prosthetics	532	570	535
Purchased services	414	357	231
Rent/lease costs	782	870	871
Repairs and maintenance	556	703	632
Service contracts	589	595	498
Travel	799	900	750
Utilities	1,524	1,412	1,444
	$ 91,373	**$ 96,652**	**$ 87,040**
Restricted:			
Amortization		$ 3,832	$ 3,435
Loss/(Gain) on disposal of fixed assets		-	-
Other		243	238
		$ 4,075	**$ 3,673**

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2006

(in thousands of dollars)

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 4,048			
RBC Dominion Securities	66			
	$ 4,114			
Bond/Mutual Fund:				
Royal Bank Cdn Money Market	$ 107			
Farm Credit Corporation	18	11/15/2006	6.00%	6.00%
CIBC	69	1/7/2007	11.60%	6.86%
	$ 194			
Total Cash & Short Term Investments	$ 4,308			
Long Term				
Province of Saskatchewan	$ 11	7/15/2007	3.25%	3.25%
Ontario Hydro	68	6/2/2008	4.49%	4.49%
Province of Saskatchewan	115	7/15/2010	2.50%	2.50%
Royal Bank CPI Notes	520	12/5/2012	4.63%	4.63%
Province of British Columbia	358	8/23/2013	8.50%	6.81%
Ontario Hydro	43	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 1,115			
Total Restricted Investments	**$ 5,423**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 10,567			
Royal Bank	4			
RBC Dominion Securities	3			
Cash on hand	8			
	$ 10,582			
Bond/Mutual Fund:				
Royal Bank Cdn Money Market	$ 4			
Total Cash & Short Term Investments	$ 10,586			
Long Term				
Province of Saskatchewan	$ 4	7/15/2007	3.25%	3.25%
Ontario Hydro	8	6/2/2008	4.49%	4.49%
Province of Saskatchewan	62	7/15/2007	2.50%	2.50%
Total Long Term Investments	$ 74			
Total Unrestricted Investments	**$ 10,660**			
Total Investments	**$ 16,083**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 14,894			
Total Long Term	$ 1,189			
Total Investments	**$ 16,083**			

*Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with the Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) are held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2006

COMMUNITY TRUST FUND EQUITY

(in thousands of dollars)

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 80	$ 3	$ -	$ (2)	$ -	$ 81
Moose Jaw Union Hospital - Elsom/Mutrie	12	1	-	-	-	13
Craik Health Centre	112	3	-	-	-	115
Thunder Creek Home Care	848	32	-	(4)	-	876
South Country	1	-	-	-	-	1
Total Community Trust Fund	**$ 1,053**	**$ 39**	**$ -**	**$ (6)**	**$ -**	**$ 1,086**

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2006

(in thousands of dollars)

	Balance Beginning of Year	Investment Income Allcoated	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 133	$ 4	$ 24	$ -	$ -	$ 161
Pioneer Housing - Lodge (Moose Jaw)	141	4	15	(1)	(6)	153
Pioneer Housing - Units (Moose Jaw)	154	5	12	-	-	171
Regency Manor	145	3	7	-	(44)	111
Total SHC	573	16	58	(1)	(50)	596
Other Internally Restricted Funds						
LaFleche Health Centre Roof - SGI	-	24	-	-	-	24
						-
Total Capital	**$ 573**	**$ 40**	**$ 58**	**$ (1)**	**$ (50)**	**$ 620**
Operating						
Other Internally Restricted Funds						
Elder Care Study	$ 104	$ -	$ -	$ (47)	$ -	$ 57
	-	-	-	-	-	-
Total Operating	**$ 104**	**$ -**	**$ -**	**$ (47)**	**$ -**	**$ 57**
Total Internally Restricted Funds	**$ 677**	**$ 40**	**$ 58**	**$ (48)**	**$ (50)**	**$ 677**

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2006

(in thousands of dollars)

	2006				2005		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Dale Tonn	$ 19	$ 1	$ 1	$ 21	$ 17	$ 1	$ 18
Board Member							
Trace Bertram [2]	-	-	-	-	1	-	1
John Bumbac	9	2	3	14	8	7	15
Marian Campbell	6	1	-	7	2	-	2
Denis Caron [3]	-	-	-	-	3	-	3
Jo-anne Duxel	4	-	-	4	5	-	5
Tim Fox [4]	-	-	-	-	4	3	7
Leslie Gray	6	-	-	6	6	-	6
Richard Kurz [5]	1	-	-	1	3	2	5
Betty Michalski	5	-	-	5	6	-	6
Elaine Mulatz	6	-	-	6	4	-	4
Donna Stang	4	1	2	7	5	2	7
Louise Walker [6]	2	1	1	4	5	4	9
Total	$ 62	$ 6	$ 7	$ 75	$ 69	$ 19	$ 88

(1) Benefits include employer CPP and all taxable items.
(2) Resigned June 30, 2004.
(3) Resigned Oct 31, 2004.
(4) Resigned Feb 23, 2005.
(5) Resigned Jan 27, 2005.
(6) Resigned Jan 19, 2005.

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2006

(in thousands of dollars)

	2006							2005 (Restated)			
					Severance						
Senior Employees	# of FTEs	Salaries[1]	Benefits and Allowances[2]	Sub-total	# of FTEs	Amount	Total	# of FTEs	Salaries, Benefits and Allowances	Severance	Total
Dan Florizone, Chief Executive Officer	1.00	$ 134	$ 5	$ 139	-	$ -	$ 139	1.04	$ 140	$ -	$ 140
								-	-	-	-
Craig Beesley, Rural & Geriatric Services	1.00	102	-	102	-	-	102	1.00	101	-	101
Cheryl Craig, Clinical Services	1.08	110	-	110	-	-	110	1.04	105	-	105
Robert Hurlburt, Chief Human Resources Officer [3]	0.65	67	-	67	-	-	67	1.00	101	-	101
Nola Ayers, Chief Human Resources Officer [4]	0.40	35	-	35	-	-	35	-	-	-	-
Wayne Blazieko, Chief Financial Officer	1.00	112	-	112	-	-	112	1.00	111	-	111
Dr. Mark Vooght, Medical Health Officer	1.00	189	-	189	-	-	189	1.00	174	-	174
Terry Hutchinson, Director Mental Health & Addictions	1.00	92	-	92	-	-	92	1.00	91	-	91
Dianne Ferguson, Coordinator Primary Health Care	1.00	88	-	88	-	-	88	1.00	83	-	83
Dr. Tyronne Josdal, Medical Director	0.27	104	-	104	-	-	104	0.28	104	-	104
John Liguori, Director Environmental Services	1.00	92	-	92	-	-	92	1.00	85	-	85
	-	-	-	-	-	-	-	-	-	-	-
							-				
Total	9.40	$ 1,125	$ 5	$ 1,130	-	$ -	$1,130	9.36	$ 1,095	$ -	$1,095

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, and any other direct cash remuneration including sick leave, short term disability, vacation, and differentials.
(2) Benefits and allowances include the employers share of car allowance, employee taxable education expense, personal allowance, relocation allowance, and RRSPs.
(3) Terminated October 15, 2005.
(4) Accepted position November 6, 2005.
Senior management salaries, benefits, allowances and severance were previously reported as $1,224,122 as at March 31, 2005 and has changed based on new definitions by Sask Health.

Governance and Transparency

The *Regional Health Services Act, 2002* established the responsibilities and powers of the Minister of Health and Regional Health Authorities.

Responsibilities and Powers of the RHA

- Assess health needs
- Evaluate health services
- Develop operational plan
- Promote health and wellness
- Provide health services
- Coordinate health services
- Any other that the Minister may direct

RHA Committee Structure

The Five Hills Regional Health Authority has organized itself into the following Board Committees:

- Executive Committee
- Planning Committee
- Ethics Advisory Committee
- Mental Health and Addictions Services Advisory Committee

Public Transparency

To ensure public transparency the Five Hills Regional Health Authority has undertaken the following activities:

Regular Meetings held in a public forum:

- April 27 - Moose Jaw
- May 25 - Avonlea
- June 29 - Moose Jaw
- August 31 – Moose Jaw
- September 28 - Mossbank
- October 26 - Caronport
- December 14 – Moose Jaw
- January 25, 2006 – Moose Jaw
- February 22 – Craik
- March 29 – Moose Jaw

Internet site (www.fhhr.ca) content includes:

- Minutes of the regular Authority meetings
- 2006 Strategic Priorities
- 2003 / 2004 Annual Report
- 2004-05 Annual Report
- 2004 / 2005 Strategic Priorities
- Strategic Plan
- Strategic Plan September 2004 Update
- Leadership Philosophy
- Physician Resources Plan
- Programs and Services
- WNV Seroprevalence Report 2004
- 2005 Health Status Report - Part 1
- 2005 Health Status Report - Part 2
- Health Status Report 2002
- Child and Youth Needs Assessment Survey 2002

Community Advisory Structure

The Regional Health Services Act Section 28 states:

(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice

respecting the provision of health services in the health region or any portion of the health region.

(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.

(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.

Communities and organizations that our health region currently interacts includes but is not limited to the following:

- Assiniboia Civic Improvement Association
- Assiniboia Union Hospital Auxiliary
- Badlands Recreational Committee
- Briercrest College
- Canadian Cancer Society
- Canadian Diabetes Association
- Cayer Trust (Willow Bunch)
- Central Butte and District Foundation
- Central Butte Union Hospital Auxiliary
- Child Action Committee (Moose Jaw)
- Child Action Group (Assiniboia)
- Child and Youth Interagency Committee
- Cosmo Senior Citizen's Centre
- Craik and District Foundation
- Craik Auxiliary
- Department of National Defense – 15 Wing
- Division scolaire francophone 310
- Elbow Auxiliary
- Emergency Measures Organizations
- Emergency Response Planning Committee
- Eyebrow Auxiliary
- File Hills Tribal Council
- Food Security Network
- Grasslands Trust Fund Corp.
- Grasslands Health Centre Auxiliary
- Holy Trinity Roman Catholic Separate School Division No. 22
- Housing Authorities
- John Howard Society
- Kincaid & District Health Centre Board Inc.
- Lafleche District Health Foundation Inc.
- Ludlow Trust
- Medical Advisory Committee
- Metis Nation
- Moose Jaw & District Senior Citizens Association
- Moose Jaw and District Interagency Committee
- Moose Jaw Families for Change
- Moose Jaw Health Foundation
- Moose Jaw Mental Health Housing Committee
- Moose Jaw Union Hospital Auxiliary
- Mossbank Trust
- Municipal Governments
- Pioneer Lodge Assiniboia Auxiliary
- Prairie South School Division No. 210
- Regency Hospital Auxiliary
- Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
- Regional Intersectoral Committee
- Ross Payant Nursing Home Auxiliary
- SIAST - Palliser Campus
- South Central Recreation and Parks Association
- South Country Health Care Foundation
- Thunder Creek Rehabilitation Association
- Transition House
- Tugaske Auxiliary
- Unions
- Valley View Centre

The Five Hills Regional Health Authority has a network in place for receiving advice from a number and variety of communities. Primary Health Care development, with its significant community development component, will round out the existing network.

Primary Health Care
Community Development Sessions
April 1, 2005 to March 31, 2006

Community	Dates of Sessions	Attendance of community members
Assiniboia	October 27, 2005	29
	February 2, 2006	29
Avonlea	October 24, 2005	18
	January 30, 2006	19
Central Butte catchment area	November 30, 2005	6
Craik	January 26, 2006	17
Gravelbourg	May 31, 2005	19
	November 2, 2005	31
	March 16, 2006	19
Kincaid	May 16, 2005	16
	October 20, 2005	18
Lafleche	June 2, 2005	14
	November 3, 2005	10
	March 20, 2005	4
Rockglen	October 17, 2005	49
	February 6, 2006	27
Total		**325**

Payee List:

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

FIVE HILLS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Dianne	$	64,864
Ackerman, Linda		58,448
Adrian, Shelly		54,625
Albinet, Laurie		58,806
Alderton, Cheryl		53,552
Allen, James		59,459
Alraum, Isolde		63,855
Altwasser Bryant, Arla		54,677
Amies, Michael		79,104
Andrews Wittman, Melinda		60,292
Arseneau, Maureen		62,649
Awad El Kariem, Sawsan		319,529
Ayers, Nola		81,607
Bain, Joy		60,887
Bakke, Krista		59,581
Bakker, Nanno		75,142
Ballard, Gerry		72,329
Barber, Vivian		60,727
Bastedo, J Roger		62,481
Bauck, Deborah		56,751
Beaubien, Colette		59,175
Beausoleil, Aline		52,457
Beesley, Craig		101,802
Bell, Kathy		50,376
Bender, Karen		58,118
Bengtson, Monica		53,808
Benoit, Ann		75,055
Benson, Sharon		54,715
Bergeron, Barbara		57,843
Bergeron, Christine		51,421
Berjian, Florence		58,912
Blazieko, Joann		70,589
Blazieko, Wayne		111,906
Bonneau, Shirley		58,340
Bonnor, Jim		51,482
Booth, Mary Lee		66,686
Boothman, Tami		62,583
Boyajian, Elizabeth		66,452
Boyle, Judy		63,578
Brenner, Teresa		52,732
Brisbin, Katherine		58,851
Brown, Eileen		84,201
Bruse, Lydia		60,907
Buchanan, Robert		59,339
Budd Wutke, Darla		54,482
Bullock, Linda		58,620
Bumphrey, Brenda		59,597
Burkitt, Colleen		63,968
Burns, Maureen		63,090
Cameron, Marcy		55,145
Campbell, Nimone		59,741
Campbell, Shauna L.		65,305
Campbell, Wanda		67,779
Cayer, Janice		55,378
Chaisson, Clara		63,855
Chow, Amy		63,409
Coakwell, Tara		53,323
Cobbe, Carmen		56,194
Cochrane, Rod		68,563
Cooper, C. Cindy		50,278
Costley, Amber		52,451
Cotter, Debra		50,797
Cox, Sheila		64,045
Craig, Cheryl		109,715
Dancey, Colleen		62,024
Day, Bettye		50,574
Demassi, Kristy		50,536
Dennis, Ann-Marie		72,329
Deringer, Gina		60,909
Dick, Denise		63,266
Dixon, Karen		59,565
Donley, Teresa		66,683
Dowling, Michelle		59,795
Dreger, Wanda		59,328
Driedger, Heather		59,151
Durand, Sylvia		71,177
Duzan, Nancy		66,870
Ebbett, Pamela		57,843
Eberts, Glynnis		65,026
Ellert, Clara M.		57,833
Ellingson, Marie		64,753
Engler, Kathryn		63,820
Engstrom, Leslie		61,544

Personal Services - Five Hills Health Region 2005/06

Engstrom, Pamela	62,278
Erickson, Sharon	59,259
Etches, Robert	294,190
Ferguson, Dianne	87,984
Ferguson, James	57,391
Fernell, Karen	59,401
Fieldgate, Catherine	66,954
Filipowich, Kathleen	68,394
Filomeno, Enrique	55,707
Fitterer, Cheryl	60,716
Fitzpatrick, Gail Jani	62,002
Fjeldberg, Rynae	62,568
Flegel, Deborah	62,424
Flegel, Elaine	50,077
Florizone, Dan	138,845
Flowers, Barbara	72,329
Forrest, Lois	85,286
Fowler, Sandra	62,902
Francoeur, Lisa	57,209
Frank, Gwenith	67,157
Fraser, Dan	72,347
Freeman, Deborah	57,688
Froehlich, Kelly	61,222
Fryklund, Susan	61,887
Ganzer, Shelley	63,855
Gaucher, Adrien	80,105
Gee, Teresa	65,143
Gilbert, Chere	57,866
Gleim, Sandra	60,366
Godin, Fairlie A.	61,718
Good, Laurie	70,483
Goodison, Melonie	61,756
Gorombey, Steve	179,999
Goud, Dan	71,043
Grant, Mathilda	65,457
Green, Janice A.	58,902
Gregor, Carol	58,792
Griffin, Kathy	63,040
Guillaume, Allyson	62,966
Gummeson, Phyllis	69,864
Gyrlevich, Louise	64,976
Hadley Cole, Rona	68,547
Hager, Brad	64,945
Haines, Michael	72,322
Hall, Shelly	55,289
Hasmatali, Sheryl	71,673
Haukaas, Brenda	67,975
Hayes, Terra	54,962
Heath, Stacey	71,146
Helland, Joanne	68,452
Hennenfent, Kandice	75,100
Hicks, Pat	69,742
Hoffos, Donna	52,065
Huber, Marvin	53,404
Hudson, Donna	61,143
Hundeby, Janet	63,698
Hurlburt, Robert	66,723
Hutchinson, Terry	92,453
Ireland, Diane	72,329
Johnson, Allyson	68,756
Johnson, Cynthia	58,129
Johnson, Darren	60,188
Johnson, Elaine	58,232
Johnson, Heather	61,747
Johnson, Pamela	62,116
Johnson, Wayne	65,690
Josdal, Tyrone	103,843
Juell, Jody	58,752
Justason, Bernadett	52,338
Karst, Teresa	68,953
Keall, Sylvia	67,301
Kergan, Guy	72,329
Kien, Darlene	61,522
Kindrachuk, Joye	72,329
King, Neil	51,660
Kittler, Shelly	68,281
Kitts, Lynn	54,729
Knudson, Katherine	54,049
Konkin, Joan	56,940
Kowalski, Gwen	67,193
Krepakevich, Kevin	72,329
Kwan, Beverley	52,390
Kwan, Rhonda	57,647
Lalonde, Janet	61,269
Lambert, Colleen	59,547
Langdon, Karyn	64,626
Lapointe, Shirley	58,248
Lavallee, Rose	50,797
Law, Linda	66,257
Le Courtois, Robin	56,817
Lehmann, Karen	52,302
Lewis, Shawna	59,722
Liguori, John	92,061
Longworth, Linda	66,782
Lorencz, Therese	63,430
Lovick, Valerie K.	65,217
Lowes, Joanne	55,823
Macdiarmid, Joyce	65,020

Personal Services - Five Hills Health Region 2005/06

Macknak, Susan	72,188
Martyniuk, Bonita	62,530
McBride, Shirley	61,196
McCormack, Evelyn C.	71,014
McFadden, Brandy	56,557
McGillivray, Kathyrn	57,034
McGillivray, Scott	64,598
McInnes, Maryellen	66,358
McKenna, Jo-Ann	55,367
Merifield, Danielle	58,262
Messner, Donna	51,250
Mielke, Janice	57,333
Miller, Tamye	63,265
Mitchell, Don	64,001
Mitchell, Muriel	56,219
Moffat, Christa	80,845
Molde, Helen L.	70,742
Montgomery, Irene	59,697
Montgomery, Marie Ros	65,163
Moore, Isabel C.	68,240
Morland, Darlene	68,788
Neal, Sheila	68,016
Neigel, Darcy	63,855
Newans, Robin	61,476
Nicholl, Timothy W.	61,873
Nicholls, Brenda	62,003
Nicolson, Sharon	57,219
Ofstedahl, Donna	59,829
Ogle, Wanda	57,849
Olafson, Vicki	56,265
Oledzki, Joan	63,674
O'Reilly, Audrey	77,692
Osemlak, Pauline	58,985
Owatz, Krista	57,869
Oxley, James	86,781
Pardy, Arlene	60,242
Paul, Connie	60,411
Paulhus, Tanis	54,713
Paull, Elizabeth	56,694
Payant Oancia, Robbie	65,014
Pecusik, Catherine	68,624
Peterson, Eyvonne	67,725
Philipation, Travis	69,187
Puckett, Lynn	66,503
Rathwell, Grant	72,308
Reihl, Debbie	60,664
Remoue, Marilyn	54,035
Roach, Shelley	70,323
Robb, Donna	60,370
Roberts, Christa	58,424
Robertson, Jackie	60,670
Rogers, Shannon	65,020
Rollie, Wendy	55,404
Rumancik, Peter	58,395
Runzer, Sandra	57,182
Rusnak Weekes, Nicole	55,758
Rusu, Troy	55,107
Ruzicka Olson, Corie	57,412
Ryan, Beverley	71,568
Sabourin, Dolores	64,488
Salaba, Janice	65,049
Salido, Deign	77,814
Sanden, Wendy	55,779
Sanders, Anita	55,696
Sawers, Denise	52,260
Schellenberg, Tara	61,086
Schoenau, Myrna	72,329
Scott, Deborah	71,082
Seaborg, Debbie	50,229
Segall, Heather	72,329
Seida, Norine	62,014
Shannon, Shelly	63,855
Shiers, Mark	64,234
Shirkey, Patti	64,604
Silvester, Paul	67,133
Simmons, Lorna	56,638
Sinclair, Juliet A.	64,268
Sjoberg, Ellen	57,905
Smith, Brenda L.	54,256
Smith, Brenda S.	51,813
Smith, Cathy	54,090
Smith, Marylynn	77,691
Smith, Shelley	64,349
Sobottka, Bonnie	66,883
Sowden, Amanda	56,016
Sparks, Debbie	59,612
Spence, Laura	60,532
Stadnyk, Katherine	59,805
Stankewich, Brenda	53,660
Statham, Cheri	64,158
Stationwala, Ata	77,692
Steckhan, Edna	72,169
Steel, Brenda	63,709
Stenerson, Wade	59,033
Stevens, Debra	59,735
Stevenson, Nadine	60,038
Stewart, Cathy	58,627
Stobbs, John	58,744
Storozuk, Yvette	64,227
Strand, Cherise	52,284

Personal Services - Five Hills Health Region 2005/06	
Strange, Debra	83,264
Straub, Jacquelin	65,094
Striha, Lynn	63,590
Strom, Shelda	53,424
Swanson, Kerry	70,654
Swaok, Joan	65,026
Switzer, Betty	64,182
Tendler, Cathy	51,464
Terry, Ernest	93,395
Theede, Maryanne	80,308
Thome, Dana	56,855
Thompson, Marcie	58,117
Thul, Lori	59,155
Tomilin, Barb	71,289
Treleaven, Shelly	61,691
Trusty, Alice	62,030
Urquhart, Debra F.	65,431
Vaessen, Leisa	66,341
Velecky, Laura	52,700
Vetter, Lorraine	59,814
Vooght, Mark	188,762
Voth, Norlaine	63,752
Wade, June	63,855
Waldenberger, Vanessa	59,289
Wanner, Brian	65,163
Ward, Cheryl	54,649
Warsi, Mohammed	305,842
Wasylenka, Dixie	64,040
White, Mary	61,180
Wicharuk, Judy	59,229
Wiebe, Donna	58,776
Wiebe, Merilee	50,277
Willatt, Linda	62,231
Williams, Kathryn	58,221
Williams, Shannon	55,740
Williams, Sharla	50,950
Wilm, Joanne	66,183
Winkler, Lucyna	60,605
Wittal, Gerrilynn	64,260
Wohlberg Knelsen, Sharon	58,247
Wolfe, Jacquelin	69,866
Woloschuk Connor, Laurie	58,480
Wong, Gail	58,103
Wood, Darcy	56,239
Work, Jodi	58,329
Wozniak, Yvonne	56,125
Yost Walter, Lynda Lee	65,431
Zadorozny, Rosslyn	77,692
Payees under $50,000	25,124,569
Total Personal Services	$ 46,952,941

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Extendicare	$	4,734,841
Individualized Home Care Funding		112,299
Moose Jaw & District EMS		1,140,485
Moose Jaw Alcohol & Drug Abuse		721,972
Providence Place		9,692,123
St Joseph's EMS Gravelbourg		162,667
St Joseph's Hospital Gravelbourg		3,535,203
Thunder Creek Rehab Assoc Inc.		357,080
Wald Ambulance 0752932004		464,940
	$	20,921,610

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd.	$	621,855
Al-Begamy, Dr. Youssef		80,540
Alcon Canada Inc		339,778
AMT Electrosurgery		82,812
Arjo Canada Inc.		100,842
BHM Medical Inc.		64,524
Biomerieux Canada Inc.		67,410
Bunzl Canada		149,982
C&E Mechanical Inc.		170,561
C&S Builders Ltd.		167,341
Carpet One		59,154
CEG Energy Options Inc.		535,754
Christie Group Ltd.		194,795
Christie Mechanical Limited		79,106
City Of Moose Jaw		138,825
CPDN - 3130827 Canada Inc		639,781
CU Credit Mastercard		127,818
Dade Behring Canada Inc		219,941
Datex Ohmeda (Canada) Inc		473,459
DeCoteau, Dr. W. Earle		54,368
Devilliers, Dr. Jean Pierre		92,791
Du Toit, Awie Radiology Prof. Corp.		525,079
Ecolab Ltd.		56,076
Eecol Electric (Sask) Ltd.		54,641
Fiber Tech		65,762
Gambro Inc.		58,685
General Electric Canada Inc.		289,721
Giles, Dr. Roy		81,583
Great West Life Assurance Co.		294,752
Health Sciences Assoc Of Sask		61,947

Supplier Payments - Five Hills Health Region 200506

Heilman, James Medical Prof. Co.	111,072
Hill-Rom Canada	214,520
Hospira Heathcare Corp.	310,628
Johnson & Johnson Medical	241,330
Johnson Controls Ltd. #C3039	53,602
Jump.CA	127,191
Leeville Construction Ltd.	577,702
Lichon, Dr. Marek	57,000
Linvatec Canada	97,547
London Life	56,085
Louw, Dr. Alexander F.	62,555
Lynden International Logistics	138,604
Marsh Canada Limited	196,561
Martin, Dr. Rob	99,288
Marx, Dr. Yolanda	121,997
Mckesson Canada	350,926
Medtec Marketing	83,728
Minister Of Finance Saskatchewan	490,670
Momentum Healthware	64,644
Moose Jaw & District EMS	97,256
Moose Jaw Transition House	180,355
Pansegrouw, Dr. Sandra	99,504
Pantazopoulos, Dr. George	242,241
Philips Electronics Ltd.	388,113
Prairie Janitorial Supply	87,900
Precise Temp Refrigeration	57,725
Pretorius, Dr. Juan Marco	131,636
Providence Place	50,000
Public Employees Pension Plan	170,857
Public Service Superannuation	54,172
Receiver General For Canada	17,424,707
Rossouw, Dr. Stephanus	85,627
SAHO	216,751
SAHO Dental Plan	502,234
SAHO DIP	1,346,095
SAHO Extended Health & Dental	1,290,358
Sanderson, Dr. Brian J.	62,642
Saputo Foods Limited	122,024
Sask Energy	311,274
Sask Power	898,676
Sask Registered Nurses Association	127,167
Sask Tel CMR	257,885
Sask Tel Mobility	55,467
Sask Workers' Compensation Board	1,291,349
Schaan Healthcare Products Inc.	847,319
Security Patrol & Investigators	75,778
SEIU Local 299 MJ	442,626
SHEPP	5,737,041
Source Medical	403,772
St Joseph's Hospital Gravelbourg	65,686
Stanley, Dr. Wayne	77,294
Steris Canada Inc.	103,574
Stevens Company Limited	97,051
Steyn, Dr. Petrus A.	79,385
Stryker Canada Inc.	208,488
SUN Provincial	260,249
Sunspun Food Service	524,446
Supreme Office Products Ltd.	185,645
Sysco Food Services	416,180
Thunder Creek Rehab Assoc Inc.	283,549
Tyco Healthcare Group Canada	228,313
Valley View Centre	985,809
Van Der Merwe, Dr. Ivann	134,346
Van Wyk, Dr. Gerrit C.	336,231
Van Zyl, Dr. Johan L.	56,738
Vitalaire	63,026
Zimmer Of Canada Ltd.	127,959
Supplier Payments under $50,000	6,856,820
	$ 53,554,673

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*		November 2005	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*		204	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*		89%	83%	58% – 96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*		100%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]		*data currently not available*	*data currently not available*	*data currently not available*	100% compliance
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	93.73	90.60	79.59 – 116.42	[5]
	HSAS	60.56	64.00	45.01 – 123.48	[5]
	OOS/OTHER[3]	57.81	48.09	30.44 – 61.87	[5]
	SUN	85.05	91.94	53.66 – 98.79	[5]

Indicator		RHA Value	Provincial Value	Range	Target
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	86.91	85.18	69.24 – 103.96	[5]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	18.25	32.83	15.22 – 80.89	[5]
	HSAS	15.46	24.75	0.35 – 88.09	[5]
	OOS/OTHER[3]	1.41	3.17	0.00 – 10.15	[5]
	SUN	24.61	72.44	24.61 – 426.41	[5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	17.96	38.06	17.96 – 130.02	[5]
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	800.39	*not applicable*	*not applicable*	*not applicable*
	HSAS	71.82			
	OOS/OTHER[3]	106.38			
	SUN	257.43			
	RWDSU[4]	*not applicable*			
	All Affiliations	1,235.48			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		6.72	8.07	4.48 – 10.57	[5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		477.55	447.10	190.64 – 618.66	[5]
Percentage of employees self-identifying as Aboriginal *2003/2004*[6]		*not applicable*	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	80.0%	79.3%	73.7% – 80.2%	[5]
	HSAS	81.8%	82.2%	76.4% – 84.4%	[5]
	OOS/OTHER[3]	84.0%	84.0%	80.9% – 87.1%	[5]
	SUN	78.7%	76.0%	63.7% – 78.7%	[5]

Indicator		RHA Value	Provincial Value	Range	Target
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	80.2%	79.2%	73.2% – 80.4%	[5]
Financial					
Working capital ratio (current ratio) *2005/2006*		1.37	*not applicable*	0.36 – 2.02	*to be determined*
Number of days able to operate with working capital *2005/2006*		18.50	*not applicable*	(62.41) – 18.50	*to be determined*
Surplus/deficit *2005/2006*		412,000	*not applicable*	($1,507,000) – $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		0.4%	*not applicable*	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans[7] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005/2006*		103%	*not applicable*	*not applicable*	100%
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2004/2005*		53	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[10] *2004/2005*	Child / Youth	65.2%	*not applicable*	*not applicable*	*to be determined*
	Adult	68.3%			

Indicator		RHA Value	Provincial Value	Range	Target
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[11,12] *2004/2005*	Stroke	0.6	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	0.9			
	Spinal Cord Dysfunction	0.4			
	Orthopaedic Conditions	0.7			
	Neurological Conditions	0.9			
	Amputation of Limb	0.4			
	Major Multiple Trauma	0.9			
	Medically Complex	*not applicable*			
	Debility	*not applicable*			
	Cardiac	*not applicable*			
	Pulmonary	*not applicable*			
	Arthritis	*not applicable*			
	Pain Syndrome	*not applicable*			
	Other	0.8			
Acute Care Services					
Number of surgical cases[13] *2005/2006*		4,072	*not applicable*	*not applicable*	[14]
Percentage of surgical cases performed as day surgery[13] *2005/2006*		59.2%	54.4%	39.0% – 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	58.0%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	87.5%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	98.4%	84.2%	72.9% – 100.0%	80%
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		0.78	0.77	0.75 – 0.80	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[15] *as at the end of Q2 2005/2006*		18.4%	22.2%	15.2% – 29.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	86.5%	72.9%	50.0% – 86.5%	*to be determined*
	Measles	83.9%	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	83.63%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	75.00%	*not applicable*	0.00% – 96.43%	
	LA – Licensed Accommodations	96.81%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	97.67%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	88.69%	*not applicable*	21.23% – 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	22.9%	24.6%	20.8% – 40.7%	*to be determined*
	Females	25.3%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		68%	68%	57% – 75%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		53.8%	54.5%	35.7% – 80.9%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		5.5%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		0	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		*not applicable*	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay[21] *2004/2005*	Average Length of Stay	12.5	14.4	11.1 – 18.0	*to be determined*
	Average Expected Length of Stay	11.0	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients[21] *2004/2005*		24.6%	21.6%	17.9% – 30.3%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[22] *2004/2005*		*not applicable*	64.3%	56.8% – 72.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		3.4%	*not applicable*	3.4% – 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		9.1	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		5.2	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		14.0	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	1,145.3	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,554.9	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	307.6	222.9	63.5 – 376.5	
	Unintentional Injuries	663.4	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	396.3	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[19] *1996*[24]	Males	66.5	66.6	61.8 – 69.2	*to be determined*
	Females	69.8	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[19] *1996*[24]	Males	11.2	11.2	8.7 – 12.1	*to be determined*
	Females	12.7	12.7	8.4 – 13.2	
Life expectancy (at birth)[19] *2001*[25]	Males	75.7	76.2	72.1 – 78.2	*to be determined*
	Females	81.6	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[19] *2001*[25]	Males	16.2	16.9	15.6 – 18.0	*to be determined*
	Females	20.6	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] *2003*[20]		56.3%	59.5%	47.6% – 63.7%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003*[20]	Overweight (BMI 25.0-29.0)	41.8	35.8%	31.7% – 41.8%	*to be determined*
	Obese (BMI 30.0+)	25.9	20.5%	16.4% – 27.2%	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003[20]*	Active / moderately active	50.6%	49.8%	41.7% – 56.1%	*to be determined*
	Inactive	47.6%	47.8%	41.0% – 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	5,981	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	155			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		50.9	*not applicable*	46.1 – 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	17.5	11.1	8.4 – 28.7	*to be determined*
	Females	8.8	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	16.0	14.9	10.2 – 23.0	*to be determined*
	Females	31.9	25.4	0.0 – 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

1 The content of this indicator changed from the 2004/2005 summary (the date of (last or scheduled) CCHSA accreditation, instead of the accreditation status).

2 Data on critical incident written report submission will always lag by up to 6 months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005/2006 fiscal year.

3 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

4 The RWDSU category is applicable to Regina Qu'Appelle only.

5 Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

6 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003/2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan".

7 MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.

8 CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.

9 SHNB indicator is applicable to Prairie North only.

10 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

11 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

12 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

13 Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.

14 The 2005/2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

15 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004/2005 summary (July 1 to June 30, instead of calendar year).

18 Data on *Tobacco Control Act* compliance is currently not available due to system implementation issues.

19 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

20 The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004/2005.

21 Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.

22 "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.

23 The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five).

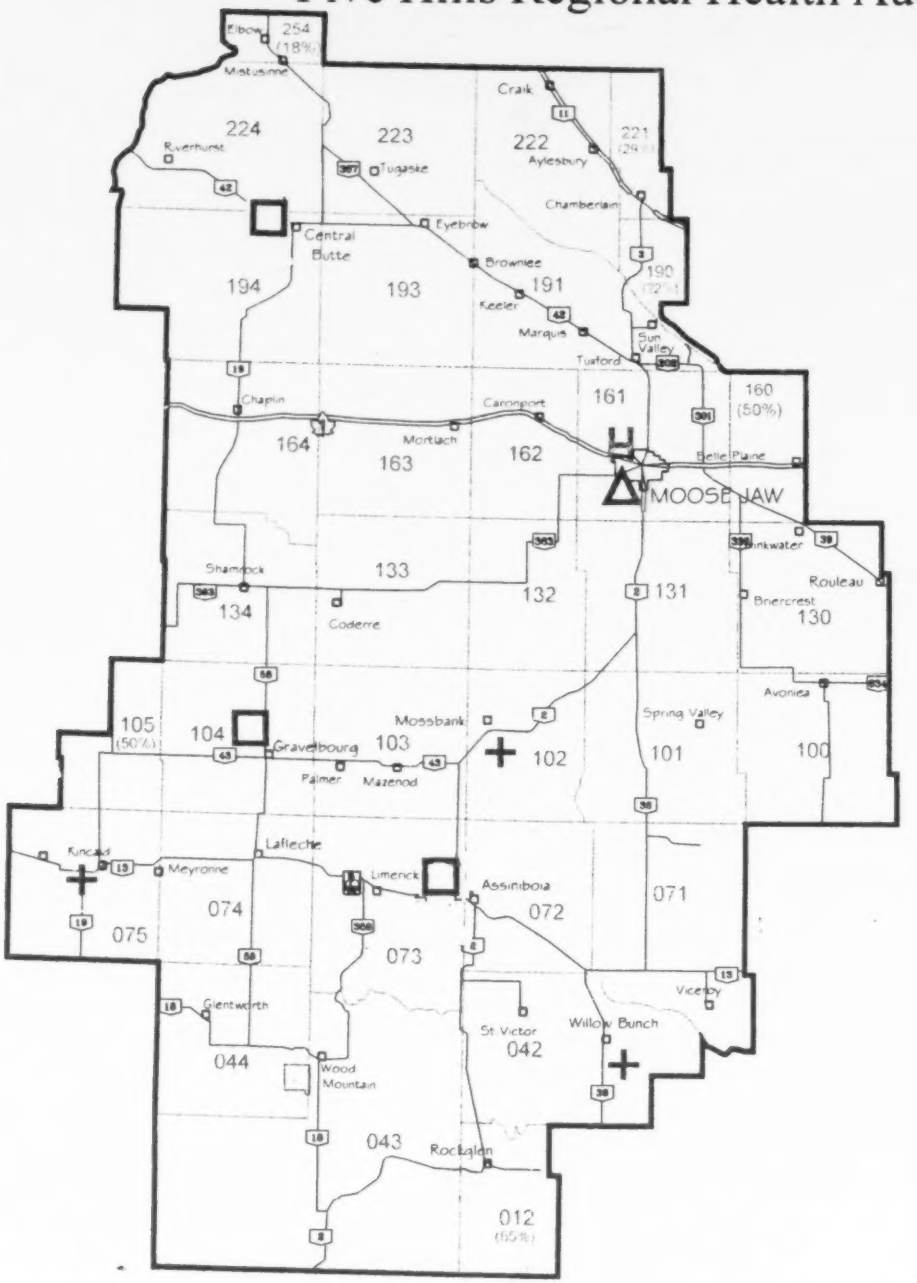
24 Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005.

25 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005.

26 Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.

Saskatchewan Health

Five Hills Regional Health Authority



LEGEND

- Regional Health Authority
- Rural Municipalities
- Roads
- Indian Reserves
- H Hospital
- Hospital with attached Special Care Home
- Special Care Home
- Health Centre or Community Health and Social Centre
- Health Centre with attached Special Care Home

CITB_GIS Unit_RA_10/22/02_RHA_02.DWG

Produced by Saskatchewan Health utilizing licensed geospatial data from Information Services Corporation of Saskatchewan